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ASCO 2026 – translating emerging science into better, meaningful outcomes for patients

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Steering GenAI into the pharma fast lane

ASCO 2026 once again had a marked impact, with this year's theme being one of translation. As Costas Saratsis and Disha Srivastava say in their article: "What stood out most was how much smarter oncology is becoming in terms of when, why and how to treat. Across tumour types, discussions repeatedly returned to the same themes: intervening earlier, understanding disease more precisely, tailoring treatment more effectively and making better use of the tools available to clinicians.

"Ultimately, ASCO 2026 wasn't just about hazard ratios and first-in-class molecules. It was about exploring a broader question: how do we translate scientific progress into better outcomes for patients?" Find out more about the trends that stood out on page 16.

In our cover story this month, Danny Buckland looks at how industry needs to press the accelerator to adopt AI across functions to supercharge launch excellence.

As Danny says: "GenAI is already flourishing across drug discovery, clinical trials and healthcare system recalibration, but many fear its potential power is dissipating through a lack of co-ordinated application across departments. AI's impact is accepted, but industry is being challenged to ensure that every aspect of business benefits, rather than admiring pilot schemes that are tested in isolation." Read more on page 28.

Continuing the theme of launch excellence, the article from Sarah Rickwood and Kirstie Scott focuses on making launch more effective, precise, cost-effective and agile while launching into an AI-powered future that demands new thinking and new technologies. Pharmaceutical companies are launching more innovative products, but many of these products are individually smaller products facing faster, fiercer competition. Turn to page 30 to find out more.

In the article from Aleksandar Ruzicic on page 33, he focuses on the importance of ensuring launch excellence is agile, adaptive and agentic, saying: "Over time, the use of AI agents will support a broader range of launch processes and workflows, enabling teams to move faster, make more informed decisions and operate with greater efficiency."

Our September issue will look at optimising HCP engagement – cutting through the information overload by maintaining a human connection. If you would like to make your voice heard on this topic, please get in touch at sales@pmlive.com

I hope you enjoy this issue!

Iona Everson
Group Managing Editor

PME

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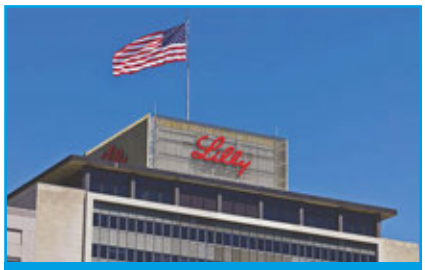

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NEWS

Roche and Nurix Therapeutics to partner in $2.3bn deal

Roche and Nurix Therapeutics have announced the two companies will partner in an exclusive licensing and collaboration agreement worth up to $2.3bn.

The collaboration is to co-develop and co-commercialise bexobrutideg (NX-5948), Nurix's investigational Bruton's tyrosine kinase (BTK) degrader. The collaboration encompasses a clinical development plan spanning B-cell malignancies, immunology and neurology.

Patients with B-cell–driven malignancies continue to face significant unmet need despite advances with BTK inhibitors and other therapies. In haematology, many patients with CLL ultimately experience disease progression due to acquired resistance mutations, incomplete pathway suppression, or intolerance that limits long-term use, and treatment options remain limited once patients relapse.

Levi Garraway, Roche Chief Medical Officer and Head of Global Product Development, commented: "We believe bexobrutideg could represent a major leap forward in the fight against complex blood cancers and other diseases."

Arthur Sands, president and CEO of Nurix Therapeutics, said: "As a single agent, bexobrutideg has shown highly promising results in B-cell malignancy clinical trials to date and we can now rapidly expand our phase 3 programme."

The parties currently expect the transaction to close in the third quarter of 2026.

GSK to acquire US biopharma Nuvalent for $10.6bn

GSK has agreed to acquire Nuvalent for $10.6bn. Nuvalent is a US-based, clinical-stage biopharmaceutical company focused on creating precisely targeted oncology therapies and the acquisition includes three products in lung cancer, as well as Nuvalent's preclinical portfolio of multiple programmes.

Zidesamtinib (NVL-520) and neladalkib (NVL-655) are two late-stage, potential best-in-class, next-generation, highly selective ROS1 and ALK inhibitors for treatment of non-small cell lung cancer (NSCLC). Both assets have received FDA Breakthrough Therapy and Orphan Drug Designations and are in review with target decision dates of 18 September 2026 for zidesamtinib and 27 November 2026 for neladalkib.

Subject to FDA approval, they are expected to launch in 2026 and have multi-blockbuster potential. The third asset, NVL-330, is a potential best-in-class HER2 inhibitor currently in phase 1 trials for HER2-altered NSCLC.

Luke Miels, CEO of GSK said: "The two lead products are potential best-in-class assets that could launch this year if approved by the FDA and offer significant new treatment options to patients with two forms of non-small cell lung cancer.

"The acquisition provides GSK with...a platform in lung cancer for rapid expansion with Ris-Rez, our B7-H3 targeted ADC in phase 3 clinical development."

Pivotal data presented at the IASLC 2025 World Conference on Lung Cancer and the 2026 ASCO Annual Meeting show potential best-in-class profiles for zidesamtinib and neladalkib. Both assets aim for longer effective treatment with better quality of life through high target-selectivity, durable treatment response, improved tolerability, enhanced blood-brain barrier penetration for tumour spread, and broader coverage of ALK and ROS1 mutations, potentially addressing efficacy and/or tolerability limitations of existing therapies.

ROS1- and ALK-altered NSCLC primarily affect non-smoking adults aged 40-50, a uniquely defined and engaged patient population. There is substantive treatment experience with zidesamtinib and neladalkib already through their clinical development and patient assistance programmes.

James Porter, CEO of Nuvalent, said: "Since our founding, we have leveraged our deep expertise in chemistry and structure-based drug design to develop a portfolio of novel, potentially best-in-class kinase inhibitors. Our close collaboration with leading physician-scientists and patient advocates has driven remarkable enrolment, accelerating development and building confidence in the clinical profile of these drugs."

Pfizer and Innovent Biologics agree $10.5bn deal

Pfizer and Innovent Biologics have agreed on a strategic global licensing and collaboration partnership to research and develop 12 new breakthrough early-stage and de novo cancer medicines.

The deal includes licensing, co-development and co-commercialisation opportunities across a diverse portfolio of antibody-drug conjugates (ADCs) with novel differentiated payloads and multi-specific antibodies with differentiated immune-engaging features and unique designs.

The agreement includes eight Innovent-originated early-stage programmes and four Pfizer-proposed discovery programmes. The companies will co-develop and share costs for select programmes as they advance these programmes through clinical development.

Jeff Legos, Chief Oncology Officer of Pfizer, said: "By combining Innovent's discovery and early clinical development with Pfizer's global research and development and commercialisation capabilities, we have an opportunity not only to strengthen our pipeline, but to accelerate the delivery of breakthroughs that can redefine standards of care and make a meaningful difference in patients' lives."

Hui Zhou, Chief R&D Officer (Oncology Pipeline) of Innovent, commented: "By leveraging both companies' complementary resources, we can develop our early-stage oncology pipeline with greater speed and impact to help bring innovative therapies to patients more efficiently worldwide. We are laying the foundation for a truly global oncology platform that can deliver meaningful and lasting benefits for patients around the world."

Innovent will be responsible for the phase 1 development of these programmes, after which Pfizer will lead future global development. The agreement also sets out the following licensing and commercialisation structure:

- Pfizer will receive an exclusive global licence for four programmes, and will be responsible for the global development costs
- Pfizer will receive an exclusive licence outside Greater China for four programmes, and will be responsible for the majority of the development costs
- Pfizer and Innovent will co-develop four programmes globally and share the development costs. The companies will co-commercialise in the US and Europe (including the UK), and share the profits. Innovent will retain Greater China rights to these programmes.

Innovent will receive a $650m upfront payment and is eligible for up to $9.85bn in development, regulatory and commercial milestone payments. Additionally, Innovent will receive up to double-digit royalties on sales of each licensed product if approved. The transaction is expected to close in the third quarter of 2026.

Regeneron agrees $2.2bn research collaboration with Parabilis

Regeneron has announced a $2.2bn strategic research collaboration with Parabilis Medicines to discover and develop multiple therapeutic candidates based on Parabilis' Helicon peptide platform.

This includes a focus on antibody-Helicon conjugates (AHCs), a novel class of therapeutics designed to target challenging and historically 'undruggable' targets.

Antibody-drug conjugates traditionally use antibodies to selectively deliver drug payloads into target cells to drive cell death from within. Helicons are stabilised, cell-penetrant alpha-helical peptides designed to engage intracellular protein targets, including flat surfaces not well suited to traditional small molecule binding. The collaboration is designed to explore the use of Helicons both as stand-alone therapies and as part of AHCs.

George Yancopoulos, Board co-Chair, President and Chief Scientific Officer of Regeneron, said: "In addition to the potential of Helicons to address previously undruggable targets, the collaboration's intent to couple Helicons to our VelocImmune derived-antibodies so as to precisely deliver them to cells of interest represents an exciting new approach with the potential to create an entirely new therapeutic class that can span multiple therapeutic areas."

NEWS

AMR Bio launches with antimicrobial gel for surgical infections

AMR Bio has launched as a clinical phase biotechnology company focused on antimicrobial resistance (AMR).

The company is advancing XF-73 Nasal, a phase 3-ready, first-in-class topical antimicrobial gel designed to prevent post-surgical infections by rapidly eliminating harmful bacteria before surgery. Post-surgical infections are a major burden on healthcare systems, costing approximately $10bn annually in the US alone.

AMR contributes to nearly five million deaths each year and without intervention could rise to an additional ten million deaths annually by 2050. As existing treatments become less effective, the emphasis is to shift from cure to prevention and to stop infections before they take hold.

The gel is applied to a patient's nose prior to surgery to rapidly reduce harmful bacteria in the nose – widely considered the leading cause of post-surgical infections.

A phase 2b study of 124 patients showed a 99.5% reduction in bacterial nasal carriage in patients undergoing open heart surgery and XF-73 Nasal is now positioned for phase 3 trials.

Beyond this, XF-73 Dermal targets severe wound and skin infections, including diabetic ulcers and trauma-related wounds.

Lilly to acquire three companies in deals worth $3.83bn

Eli Lilly will acquire Curevo to expand the company's research and development efforts into infectious disease. Infectious diseases remain a major source of global morbidity, both in their acute presentation and in the downstream health consequences of primary infection.

Curevo's lead product candidate, amezosvatein, is an adjuvanted subunit vaccine for the prevention of shingles in adults. While the current standard of care for shingles prevention is effective, tolerability challenges can limit the overall vaccination rates and contribute to second-dose hesitancy, leaving a meaningful portion of patients with reduced or no protection against shingles and its long-term consequences.

Amezosvatein was engineered with a next-generation synthetic adjuvant to overcome this problem. In a phase 2 clinical trial head-to-head against the standard of care, amezosvatein matched immune response across all primary endpoints and reduced side effects such as activity-limiting fatigue, chills and pain at the injection site by more than half.

Given growing evidence linking shingles to elevated risk of stroke, and that shingles vaccination is associated with reduced dementia risk, a meaningfully better-tolerated vaccine could expand the reach of shingles prevention and reduce these long-term risks at a population level.

Lilly will also acquire LimmaTech Biologics and Vaccine Company to expand its research and development efforts into infectious disease.

LimmaTech is developing vaccines against bacterial pathogens for which rising antimicrobial resistance is steadily closing therapeutic options, including Staphylococcus aureus, Neisseria gonorrhoeae and chlamydia trachomatis. Lilly will acquire LimmaTech for up to $780m.

LimmaTech's lead programme, LTB-SA7, is in phase 1 development as a vaccine against S. aureus, the leading cause of surgical-site infection. The company's preclinical pipeline is pursuing additional bacterial pathogens, including those that drive infertility and other long-term consequences of infection that fall disproportionately on women. A vaccine-led prevention strategy could change the trajectory of diseases that are becoming increasingly difficult to treat.

Vaccine Company is advancing a broad preclinical pipeline spanning multiple viral pathogens; the lead programme applies this technology to Epstein-Barr Virus (EBV) with a five-antigen phase 1-ready candidate. Given the growing evidence linking EBV to multiple sclerosis and several malignancies, a prophylactic vaccine could prevent not only acute infectious mononucleosis but also the long-term neurological and oncological consequences that may follow infection. Lilly will acquire Vaccine Company for up to $1.55bn.

Genmab's Tivdak recommended by NICE for cervical cancer

Genmab UK's Tivdak (tisotumab vedotin) has been recommended by the National Institute for Health and Care Excellence (NICE) for adults with recurrent or metastatic cervical cancer.

Tivdak is an antibody-drug conjugate (ADC) that can be used to treat adult patients with recurrent or metastatic cervical cancer with disease progression on or after systemic therapy. Interim funding via the Cancer Drugs Fund (CDF) will give eligible patients immediate access to the treatment.

Cervical cancer is the fourth leading cause of cancer-related deaths globally among women. It is estimated that 3,300 women are diagnosed with cervical cancer each year in the UK, resulting in approximately 900 deaths.

The disease recurs in up to 30% of cases among patients who have improved with initial treatment.

The recommendation is based on results from the global, randomised, phase 3 innovaTV 301 study that evaluated the efficacy and safety of tisotumab vedotin compared to chemotherapy in patients with recurrent or metastatic cervical cancer who were previously treated with chemotherapy doublet as well as bevacizumab and an anti–PD-1 or anti–PD-L1 agent if eligible and available.

AstraZeneca's Baxfendy approved by US FDA for hypertension

AstraZeneca's Baxfendy (baxdrostat) has been approved by the US FDA to treat hypertension in combination with other antihypertensive medications, to lower blood pressure in adults who are not adequately controlled.

Baxfendy is designed to lower blood pressure in a new way by specifically inhibiting the production of aldosterone, a hormone that raises blood pressure to unhealthy levels and increases the risk of heart and kidney problems.

The approval was based on positive results from the BaxHTN phase 3 trial, with Baxfendy demonstrating statistically significant and clinically meaningful seated systolic blood pressure reduction at both 2mg and 1mg doses in patients with uncontrolled and resistant hypertension on two or more medications. Baxfendy was generally well-tolerated with no unanticipated safety findings.

There are 1.4 billion people worldwide living with hypertension. In the US, approximately 50% of patients living with hypertension who are already taking multiple antihypertensive medications still struggle with persistently elevated blood pressure, which is a leading risk factor for cardiovascular disease and premature death. Hypertension is the most prevalent and significant modifiable cardiovascular risk factor worldwide, accounting for more deaths and disability than any other modifiable risk.

Novo Nordisk's Wegovy approved as UK first daily GLP-1 weight loss pill

A new daily weight management pill has been approved in the UK for adults to be used along with a reduced calorie diet and increased physical activity, offering a first-of-its-kind alternative to injectable treatments.

Novo Nordisk's Wegovy pill (semaglutide tablets), an oral glucagon-like peptide-1 (GLP-1) receptor agonist licensed for weight management in adults living with obesity or overweight with at least one weight-related condition, has been approved by the UK's Medicines and Healthcare products Regulatory Agency (MHRA).

The MHRA approval is based on data from the OASIS 4 phase 3 clinical trial. When evaluating the effect of treatment regardless of adherence, adults with obesity receiving semaglutide tablets 25mg achieved 13.6% weight loss vs 2.4% with placebo after 64 weeks, in addition to lifestyle modifications. Results showed that if all participants adhered to treatment, semaglutide 25mg achieved weight loss of 16.6% vs 2.7% placebo after 64 weeks.

The study evaluated semaglutide tablets 25mg in 307 adults with obesity, or overweight with at least one weight-related condition, without diabetes. The side effects were generally mild-to-moderate and transient.

DERMATOLOGY NEWS

Alnylam and Inceptive agree on $2bn AI collaboration

Alnylam Pharmaceuticals and Inceptive Nucleics, a company that builds foundation models of life, have agreed on a $2bn collaboration to integrate Inceptive's generative AI models with Alnylam's R&D engine.

The collaboration seeks to advance siRNA design, by modelling target mRNAs and jointly exploring sequence space and novel chemical modifications to enhance potency and efficacy, and by predicting top-performing therapeutic candidates in preclinical models for further development by Alnylam. The goal is to help Alnylam prioritise the most promising molecules and improve experimental productivity.

The collaboration pairs Alnylam's RNAi leadership with Inceptive's foundation models and AI expertise to catalyse and accelerate progress in nucleic-acid based drug design. Inceptive focuses on developing models for sequence-based medicines such as RNAi therapeutics, which were pioneered by Alnylam.

- Alnylam's platform: An R&D engine that has produced six approved drugs, backed by 20+ years of proprietary siRNA data
- Inceptive's foundation models of life: AI models for sequence-based medicines that generalise across programmes and continuously improve.

Yvonne Greenstreet, CEO of Alnylam, said: "Inceptive stands apart as one of the most visionary companies working at the intersection of AI and biology. It is led by pioneers of the AI revolution and driven by an ambitious mission to fundamentally reinvent how RNA medicines are designed. Together, we have an extraordinary opportunity to accelerate the creation of transformative medicines with a speed, ingenuity and sophistication that simply has not been possible before."

Inceptive's foundation model learns the patterns underlying biology and can adapt to diverse therapeutic modalities without retraining. In joint exploratory work, the model achieved exceptional performance within weeks, uncovering meaningful biological insights from relatively small data sets to characterise siRNA molecules, the active ingredient in RNAi therapeutics.

Jakob Uszkoreit, Inceptive co-founder and CEO, commented: "Most drug design still works through a process of trial and error, testing thousands of molecules and hoping something sticks. Inceptive was built on a different premise: that life follows rules of such complexity that only AI can learn them. Alnylam's breakthrough platform and scientific vision are an ideal match for AI. Together, we're not just accelerating drug discovery; we're changing the way we understand and improve life."

FDA approves Ebglyss as maintenance dose for atopic dermatitis

The US FDA has approved Eli Lilly's Ebglyss (lebrikizumab) as a maintenance dose for patients with moderate-to-severe atopic dermatitis.

The subcutaneous maintenance dose is given once every eight weeks as a single injection (250mg/2mL). It is suitable for use by adults and children with moderate-to-severe atopic dermatitis who are 12 years of age and older and weigh at least 88 pounds (40 kg).

Ebglyss is already approved for a once-monthly maintenance dose, with long-term data showing durable disease control. Now, Ebglyss gives patients with moderate-to-severe atopic dermatitis the option to manage their condition with as few as six maintenance injections per year.

The approval is based on longitudinal exposure-response modelling data and

supported by every-eight-week clinical data from an extension to the phase 3 ADjoin long-term trial, which evaluated Ebglyss maintenance dosing every four weeks or every eight weeks over 32 weeks.

Lilly has exclusive rights for development and commercialisation of Ebglyss in the US and the rest of the world outside Europe. Almirall has licensed the rights to develop and commercialise Ebglyss to treat dermatology indications, including atopic dermatitis, in Europe.

LEO Pharma and Allergy UK launch CHE campaign

LEO Pharma, in partnership with Allergy UK, has launched 'Don't Ignore', a new out of home (OOH) awareness campaign designed to put the spotlight on chronic hand eczema (CHE).

Rolling out in everyday, high-traffic locations across bus stops, billboards and petrol pumps in Leeds and areas of South London and reaching people as they go about their daily routines, the campaign aims to prompt those living with persistent or recurring hand eczema to recognise the signs and seek GP advice sooner.

CHE is a fluctuating inflammatory skin disease, characterised by persistent itch, pain, redness and irritation on the hands and wrists. It is one of the most common skin disorders of the hands with a global prevalence rate of approximately 4.7%.

CHE is defined as hand eczema (HE) that lasts for more than three months or relapses twice or more within a year and can develop into a chronic condition.

CHE has been shown to impact patient quality of life, with approximately 70% of those with severe CHE admitting to problems in performing everyday activities and suffering disruption in their daily life due to the condition.

Simone Miles, CEO of Allergy UK, said: "Chronic hand eczema is more than just a skin condition, it impacts people's daily lives, confidence and ability to work. Through the 'Don't Ignore' Out of Home campaign, we want to empower people to recognise the signs early and seek support."

Matt Ferriday, General Manager, LEO Pharma UK and Ireland, added: "Through the 'Don't Ignore' Out of Home campaign, our shared aim is to encourage earlier recognition of chronic hand eczema and prompt timely conversations with healthcare professionals, so symptoms are taken seriously and acted on sooner."

Scalp sun damage often overlooked despite link to skin cancer

Protecting the scalp from harmful UV rays remains one of the most overlooked areas of the body, despite being highly vulnerable to sun damage.

According to Conal Perrett, Consultant Dermatologist at The Devonshire Clinic in London, one of the most common signs of scalp sunburn is flaking and peeling skin several days after sun exposure, something many people mistakenly assume is dandruff.

"People are often unaware they've burned their scalp until it starts to peel," Perrett explained. "At that stage, many assume they're experiencing dandruff or a dry scalp, when in reality the skin is shedding as part of the healing process following UV damage. If you've spent a prolonged period outdoors and suddenly notice flaking, tenderness or irritation around your scalp, sunburn may be the cause.

"Anyone can burn their scalp. While the risk is naturally higher for those with thinning hair or bald patches, no one is completely protected. Hair offers some defence against UV rays, but it shouldn't be relied upon as a substitute for proper sun protection."

Symptoms can include tenderness when brushing or washing hair, itching, redness along the hairline, warmth, sensitivity and flaking skin. Beyond the immediate discomfort, repeated UV exposure can increase the risk of skin cancer over time.

"Skin cancers, including melanoma, can and do develop on the scalp. Because the area is covered by hair, suspicious lesions may go unnoticed

for longer compared with more visible areas such as the face, neck or arms. People tend to check moles and skin changes on exposed areas of the body, but very few routinely examine their scalp, which can potentially delay diagnosis," added Perrett.

It's important to know when to seek medical advice – most mild scalp sunburns improve within three to five days, but medical attention may be needed if people experience blistering, significant swelling, severe pain, fever, chills, dizziness, nausea or signs of infection.

BRIAN D SMITH
DARWIN'S MEDICINE
THE HANDICAP BRAND

Evolution explains successful branding

The value of a strong brand is obvious. Less obvious is what it takes to create one. Decades of research point to two critical factors: brand salience – how well it comes to mind in a buying situation; and brand values – the core beliefs that it stands for. Less cited, but surely even more important, is brand trust, how much it is believed in.

Brand trust underpins both brand salience and brand values because a brand that isn't trusted is worthless, no matter how salient it is or what its values are. And, while salience and values can be manipulated with effort and creativity, brand trust is notorious for being gained in drops and lost in buckets. Which is why brand managers often ask me what drives brand trust. To their surprise, my answer involves house finches, fiddler crabs, cuttlefish, peacocks, gazelles and elks.

Insincere signalling

In nature, trust is a precious commodity because it can be traded for reproductive rights. You may or may not have the genes that make you a good mate; what matters is that your potential mate trusts that you have. Consequently, many species fake it: house finches wear make-up; fiddler crabs grow fake claws; male cuttlefish signal attractiveness to females and harmlessness to males. The natural world is full of strategies akin to putting your old, airbrushed picture onto your dating profile. And, as evolution does, species develop counter-strategies to spot those whose signals of sexual attractiveness are insincere.

Handicap strategies

In 1975, Amotz Zahavi proposed the handicap principal. These are signals of sexual health and sexual attractiveness – peacocks' tails, gazelles stotting (where they leap vertically into the air with all four legs held stiff and their back arched) and elk antlers are commonly cited examples – that are biologically costly. They persist not despite of the cost but because of it. Only high-quality mates can afford these costly signals, so they are more trustworthy than cheaper signals, like those of the made-up house finch. The cost also makes the signal hard to fake: a weak male with a huge tail or heavy antlers would be eaten or starved long before mating. And mates have learned to reward the most trustworthy signals with mating opportunities. Handicap theory, initially disputed, is now central to biologists' explanations for these otherwise inexplicable traits. In short, their reproductive benefits outweigh the survival costs.

Branding cheats

Not all marketers have read Zahavi's work. When I see a consultancy pushing a 'thought leadership' white paper, I see a cheap, fake signal of authority that few would mistake for the more expensive signalling of a peer-reviewed paper or a substantial book. The same is true when I see the innumerable pharmaceutical brands that tout, with little evidence, their innovativeness or patient-centricity or value. Like fiddler crab claws, these are empty and weak attempts at deceit. And, of course, we see it most on CVs and LinkedIn pages, where personal branding rests on inflated titles and overstated responsibilities. All of these examples share signalling that is cheap and therefore, to potential partners, less trustworthy.

Branding's honest actors

Probably more informative is the counter case of those who signal honestly. When companies like McKinsey or IQVIA publish weighty, relevant (but expensive to create) reports, they are stotting, just like a gazelle. When interview candidates open up that they're not a details person, or they don't have experience in the market, the cost of their admission signals believability. And pharma brand credibility? That's the costliest of all. Honest, well-supported claims over many years, clear positioning that passes up on possible sales, reputable practices in dealing with opinion leaders and many other smaller practices around enquiries and complaints. Even when these activities are individually inexpensive, their aggregate cost is seen and recognised by the market. And it's this complexity of signalling that make strong pharma brands hard to create and harder to compete with. It's also why cheaper superficial activities can't hope to build a strong brand when these expensive practices are neglected. As a seasoned marketer once told me, one can't put lipstick on a pig.

Honesty pays

So, as in many other aspect of our industry, evolution has some useful things to teach us about branding and, especially, brand trust. I include these lessons in my own workshops and there's a good case for incorporating Zahavi into marketing textbooks. I'm not hopeful this would eliminate the house finches, fiddler crabs and cuttlefish of the marketing profession, but it might encourage the peacocks, gazelles and elk of our industry. Evolution rewards honest signals. Markets do too.

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
SURFING THE AI WAVE

The 'senior' skill set is no longer something younger people can acquire slowly

When you drop a pebble in water, the resulting ripples spread in all directions. The introduction of AI into medical communications is more attuned to a massive underwater eruption, but the waves created similarly spread in all directions and touch every part of our work.

For me, it's not so much the technology itself that is interesting, but those waves and their impact in terms of the possibilities they are creating and the paradigm shifts they are causing. One thing is sure, we need to surf those waves, not just let them break over us.

We are already seeing how AI is reshaping the way people work. The positive view here is that in many areas it is lifting the weight of repetitive or frustratingly time-consuming tasks and providing the space for deeper thinking. This means the very nature of many of our traditional healthcare communications roles are changing.

Take the development of scientific content. Historically, early stages of writing might be considered laborious, junior-heavy and largely mechanical. This might involve assembling drafts, aligning references or just getting something onto the page as a starting point that others could then refine. More experienced writers would step in to apply experience-derived judgement, sharpen messaging and ensure scientific integrity. The centre of gravity has now shifted. With AI handling much of the initial drafting, in practice junior writers are being asked to engage earlier with the kind of thinking that was perhaps once the preserve of more senior colleagues. They are not now so much producing copy as they are interrogating it, challenging assumptions and refining it with a sharper editorial lens from the outset. It's a subtle but profound change: the 'senior' skill set is no longer something you can grow into slowly, but something you're expected to exercise much sooner. And that raises the challenge of how we instil that understanding without the benefit of the practical experiences gained over time?

This also has interesting implications for how teams are structured. We've grown used to thinking of expertise as a kind of pyramid, broad at the base, narrow at the top, with experience accumulating steadily as you move upward. But what's beginning to emerge feels closer to a diamond. There is still a need for experienced oversight at the top, but the middle is expanding with more individuals needing to be operating with higher-level skills, capable of critical thinking, synthesis and review. Beneath that, the purely task-oriented layers are thinning as AI takes hold.

It's not hard to understand why. If the routine aspects of first drafts can be accelerated or even largely automated, then the differentiator becomes judgement. Knowing what will resonate, what is or isn't ethical or compliant, what will stand up to scrutiny and what tells the most appealing story.

Similar dynamics are playing out beyond writing. The way data and insights are gathered and interpreted has changed dramatically. Where we might have once spent weeks combing through literature to identify what was relevant, or trawling through a conference abstract book to decide what session to attend, key themes can now be identified in minutes, if not seconds. Unstructured data is also easier to interrogate to identify patterns and perception shifts. The bottleneck is no longer access to information, but interpretation of it. Again, with the emphasis shifting from accumulation to analysis.

Information delivery is similarly impacted. Engagement with healthcare professionals can be more tailored, more attentive to individual context and need. That and the need for rapid delivery puts additional pressure on those creating and curating. How education is delivered is being enhanced, with simulations, avatars and interactive learning environments as examples of how HCPs and patients are being engaged more comprehensively.

Of course, the healthcare environment is highly regulated. The introduction of AI into these workflows raises important questions about governance, transparency and trust. Systems must be auditable and it is not enough for outputs to be efficient; they must also be compliant. AI is having an increasing role here as well, helping deliver 'pre-flight checks', delivering a more streamlined review process. However, senior human oversight remains the final arbiter.

And this brings us back to the human dimension. Tools are evolving quickly, but people must evolve with them. The ability to review, interpret and elevate AI-generated content is becoming a foundational skill that needs to be distributed more widely across teams, not stay concentrated in a few senior roles. Training and development, therefore, can no longer follow traditional timelines. Organisations need to find ways to equip individuals earlier with a level of judgement and confidence that is needed now, rather than later.

Read more about how AI is being utilised across healthcare communications in AI Unleashed available at the-hca.org/AI

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

STEPHANIE HALL AND SUZIE DENTON FROM AI-AUGMENTED TO AI-NATIVE PHARMA BRAND PLANNING

AI is moving beyond analysis and task-level support

AI has advanced faster than most pharma teams anticipated. What began as cautious experimentation has rapidly turned into expectation. In brand planning, the shift is particularly pronounced – and the gap increasingly difficult to ignore.

AI is moving beyond analysis and task-level support, and is now reshaping how strategy is built, tested and executed, while injecting greater rigour, standardisation and responsiveness.

The implication is clear: brand planning is transitioning towards an AI-native model, where intelligence is embedded throughout and the quality of thinking progressively elevated.

Planning becomes continuous

Pharma brand planning has conventionally followed a structured cycle: annual, sometimes quarterly, always bounded by fixed checkpoints. That structure brought discipline, but it also introduced delay. Insights often arrived too late to guide decisions in real time, while plans reflected a static view of changing markets.

AI is dissolving that constraint. With ongoing tracking of performance, market dynamics and competitor activity, planning becomes sustained rather than periodic. Signals surface earlier. Risks and opportunities are identified while there is still time to act. Plans evolve in step with the market they are designed to shape, with evidence feeding more directly into strategic calls.

This shift redefines what a 'plan' represents. It is no longer a document produced at a moment in time, but a living system informed by a constant flow of data and interpretation.

Strategy is interrogated, not just developed

The most meaningful changes are emerging at the point of decision-making. Strategic choices in brand planning have always relied on experience, judgement and the ability to navigate complexity. That remains true, but the conditions under which those choices are made have altered.

AI allows teams to simulate scenarios, model potential outcomes and stress-test assumptions before resources are committed. More significantly, it brings a level of challenge that is difficult to replicate in human-only environments. Planning processes can question the logic behind a strategy, surface inconsistencies and expose gaps that might otherwise go unaddressed.

This enhances human judgement, making decisions more considered, transparent and defensible.

From isolated plans to cross-brand intelligence

One of the most under-exploited opportunities in pharma sits beyond the individual brand. In large organisations, dozens of brand plans are created simultaneously across markets and therapy areas, yet rarely analysed in a comparable way. Patterns remain hidden. Lessons are not systematically transferred. Variation persists without clear rationale.

AI provides a route to address this. Reviewing brand plans across portfolios, regions and organisational levels makes it possible to pinpoint where best practice exists and where it is missed. Differences between global strategy and local execution can be examined with precision, revealing where alignment is strong and where intent is diluted in translation.

At scale, these comparisons establish what high-quality brand planning looks like across markets, allowing organisations to

assess plans against external benchmarks and better understand what drives results outside internally set KPIs. The conversation moves from isolated performance to collective capability.

Insight becomes interactive

Traditional stakeholder personas have been central to brand planning, converting research into accessible formats. AI is extending that concept into something more dynamic.

AI-generated personas can synthesise market research into rich, continuously updated models of stakeholder behaviour and mindset. These can be interrogated directly, enabling teams to explore scenarios and test assumptions without waiting for new research cycles.

Alongside this, AI-led visualisation and content generation are making strategy more tangible. Complex positioning can be expressed in ways that are easier to communicate and act upon, accelerating alignment across teams – and facilitating faster translation from strategy into execution, including more responsive and personalised engagement.

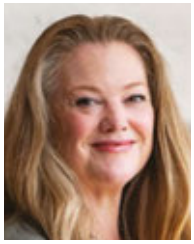
Raising the ambition

The organisations benefiting the most are not those that simply adopt new tools. Progress depends on rethinking how planning operates: how data is structured, how decisions are governed and how excellence is defined.

As AI becomes embedded, it sets a higher bar. Plans can be assessed against a broader body of evidence, challenged more rigorously and refined more quickly.

Pharma has long recognised the importance of getting brand planning right. AI now offers the means to do so with superior consistency, clarity and impact. The opportunity lies in improving the calibre of strategic thinking itself – and, in doing so, strengthening the outcomes it delivers.

Stephanie Hall is Global Practice Lead and **Suzie Denton** is Client Partner, both at Prescient



CATHERINE DEVANEY
LISTENING, LANGUAGE AND LOCATION

The power of healthcare communications in women's health

The recent decision to rename polycystic ovary syndrome (PCOS) as polyendocrine metabolic ovarian syndrome (PMOS) is more than a scientific update. It is a long-overdue correction and a powerful reminder that in healthcare, language shapes outcomes.

Patients, the groups that represent them, researchers and clinicians have long argued that the term polycystic was misleading. It suggested a condition defined by ovarian cysts, when in reality many women with PCOS never develop them. At the same time, the name obscured the condition's broader endocrine and metabolic complexity, from insulin resistance to cardiovascular risk and mental health impacts.

The consequences were not semantic; they were systemic, causing delayed diagnosis, fragmented care and a persistent sense among women that their condition was misunderstood or minimised.

Following more than a decade of global collaboration and powerful advocacy, the shift to PMOS reflects a more accurate, whole-body understanding of the condition. This shift in language is a vital step towards better outcomes. Those who have worked tirelessly towards this deserve all our gratitude.

Opportunity for more change

The advocacy achievements around PMOS land at a moment of broader change in the UK. The NHS's Renewed Women's Health Strategy in England explicitly acknowledges that women have too often been dismissed, misunderstood or left navigating fragmented care. Its ambition is to improve access, reduce delays and ensure women's voices are at the centre of decision-making.

The Strategy was widely welcomed as an important and necessary policy framework, but policy alone does not change experience.

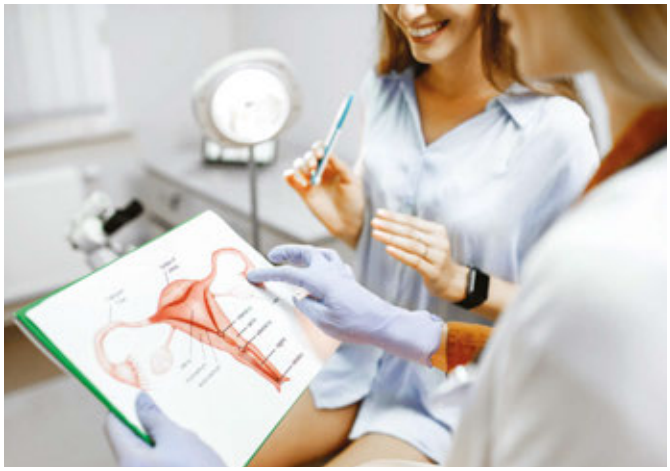
Experience is shaped not just by health appointments, but by the moments in between. Women's experience of healthcare is based on how people understand their symptoms, how confident they feel seeking help and whether the information they encounter reflects their reality, is accurate and accessible.

Too often, the language used in healthcare has created distance rather than clarity. Clinical terminology that prioritises precision over relatability, or euphemistic phrasing designed to avoid discomfort, can leave women feeling uncertain or unheard. The result is a disconnect between evidence and everyday experience and women look for answers elsewhere. It is here that healthcare communications plays a defining role.

A more complex information landscape

Today of course, that 'elsewhere' is often online. Women are turning to search engines, social platforms, health forums and, increasingly, large language models for information. In many cases, these channels feel more accessible and more responsive than formal healthcare settings and communication.

The digital environment presents its own challenges. The *Censorship Revealed* white paper from CensHERship highlights the widespread suppression of medically accurate women's health content across major platforms. Topics such as menstruation, menopause, fertility and sexual health are frequently restricted or misclassified as inappropriate. As a result, creators, women's health organisations and brands often self-censor.



This creates a difficult balance. Speak plainly and risk restriction or soften language and lose relevance. Either way, the outcome is similar: information that feels coded or disconnected from real experience.

The power of listening, language and location

Effective health communicators already recognise how contemporary best practice taps into the power of listening, language and location.

First, moving from one-way education to dialogue and listening to women. Co-creation, lived-experience insight and iterative feedback are essential if communications are to resonate and build trust.

Second, prioritising clarity over convention. Language should reflect how women describe their own experiences, not just how conditions are defined clinically.

Third, working within constraints without surrendering meaning. Regulation and platform policies are real, but they should not result in communication so sanitised that it becomes ineffective.

Fourth, optimise communications for locations where women are looking for information. Asking a question on an AI platforms and large language models (eg, Gemini or ChatGPT) is often the first step in a healthcare journey. With 69% of searches now ending without a click, earned content must be optimised for generative search.

Turning strategy into reality

The Renewed Women's Health Strategy provides a clear signal of intent that women should be heard, believed and supported within the healthcare system.

The shift from PCOS to PMOS shows what happens when that intent is applied practically and by listening to experts. By experts, I mean women, researchers and physicians.

For everyone involved in the implementation of the Strategy, as well as health communicators more generally, this means more thoughtful and deliberate use of language. Language is powerful. If it can delay diagnosis and reinforce stigma, it can also do the opposite.

Language, effectively communicated, means that women do not just see change on paper as part of a policy strategy, but experience it in practice.

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

ASCO 2026: the art of translation

Translating emerging science into care that works meaningfully in practice

By Costas Saratsis and Disha Srivastava

Every year, ASCO arrives with a theme. Most quietly disappear into the background by the end of the opening session, overtaken by survival curves, late-breaking data and the relentless pace of oncology innovation.

This year's theme was different. Translation.

More than a congress slogan, it felt like a call to action. The opening message was that oncology's job isn't just to generate innovation, but to ensure that innovation makes a difference where it matters.

That means translating emerging science into care that works meaningfully in practice. And translating clinical research into real-world impact across different healthcare systems, settings and communities.

For those working in healthcare marketing, there's another challenge too: translating complex science into communications and experiences that help people understand, trust and act on it.

Because, as ASCO President Eric Small put it: "What matters to patients is what matters most."

This year, breakthroughs were only part of the story.

What stood out most was how much smarter oncology is becoming in terms of when, why and how to treat. Across tumour types, discussions repeatedly returned to the same themes: intervening earlier, understanding disease more precisely, tailoring treatment more effectively and making better use of the tools available to clinicians.

Ultimately, ASCO 2026 wasn't just about hazard ratios and first-in-class molecules. It was about exploring a broader question: how do we translate scientific progress into better outcomes for patients? Here are the trends that stood out.

Hard-to-treat is being redefined

Every ASCO has its headline-grabbing studies and this year was no exception.

One of the biggest talking points came from pancreatic cancer, where the RASolute-302 study demonstrated a significant survival benefit for the RAS(ON) inhibitor daraxonrasib in previously treated metastatic disease. The headline: previously 'undruggable' biology is becoming targetable. It's a significant breakthrough.

There was encouraging news in rare cancers too. In advanced dedifferentiated liposarcoma, the phase 3 SARC041 study showed that abemaciclib significantly delayed disease progression, providing fresh evidence that progress is possible even in tumour types that have historically been underserved.

ASCO also showed that 'hard-to-treat' is now being addressed earlier in the disease course, where the goal has moved beyond disease control to recurrence prevention and cure-oriented improvement. Advances in muscle-invasive bladder cancer, high-risk localised prostate cancer and RET fusion-positive early non-small cell lung cancer (NSCLC) demonstrated how therapeutic innovation is improving outcomes in high-risk patients.

But perhaps the bigger story wasn't any individual study. It was that science is redefining what 'hard-to-treat' actually means. Oncology is making visible progress in clinical situations where biology, relapse risk, rarity or resistance have historically made improvement difficult. The field is moving beyond identifying difficult cancers and towards understanding exactly what makes them difficult in the first place. That can only translate into better outcomes.

Immunotherapy learns the art of matchmaking

Precision immunotherapy is transforming cancer care, but ASCO 2026 suggested the next phase will require a much deeper understanding of why treatments succeed or fail.

For years, treatment decisions were guided by broad categories. A tumour carried a particular mutation, expressed a particular biomarker or was considered immunologically 'hot' or 'cold'. Those classifications helped identify likely responders, but they often provided only part of the picture.

The emerging view is more nuanced. Developmental immunotherapy is increasingly focused on what one session framed as a kind of 'immune matchmaking'. Rather than treating resistance as a single problem, researchers are trying to understand the specific biological barriers preventing an immune response and then matching interventions accordingly.

Examples ranged from strategies that make resistant tumours more visible to the immune system to approaches that block alternative immune escape pathways when PD-1 inhibition is no longer enough. Other studies explored oncolytic therapies that aim to turn the tumour itself into an immune-activating environment, biomarker-guided cell therapies that select the most useful immune cells, and next-generation T-cell engagers designed to redirect immune attack with greater precision.

Researchers are increasingly focused on resistance: why it happens, how it develops and what can be done to overcome it.

This approach reflects a broader trend across oncology towards precise intervention, where treatment decisions are informed by a better understanding of tumour biology, resistance pathways and patient-specific disease characteristics. The goal is simple: give more patients the opportunity to benefit from treatment and avoid approaches that are unlikely to succeed. That's scientific progress translated into meaningful outcomes.

The science of oncology is all about timing

Not every story at ASCO was about a drug. Timing mattered too.

Liquid biopsy, circulating tumour DNA (ctDNA) and minimal residual disease (MRD) have moved beyond the realm of detection. Increasingly, they are helping clinicians answer some of oncology's most important questions: when to intervene, when to wait and when to change course.

Timing also sat at the heart of the debate around early detection. Results from the much-anticipated NHS-Galleri study showed increased detection of earlier-stage cancers but failed to meet the primary endpoint. The message was clear: when it comes to cancer screening, the evidence bar remains high.

'The most important measure of success remains unchanged: what matters to patients is what matters most'

More compelling were studies showing how molecular monitoring can influence treatment decisions. Across tumour types, researchers demonstrated how ctDNA and MRD can guide treatment decisions in real time. In colorectal cancer, CIRCULATE-Japan data suggested postoperative ctDNA monitoring could help identify which patients are most likely to benefit from adjuvant chemotherapy. In breast cancer, the SERENA-6 study used emerging ctDNA signals as a trigger to switch treatment before conventional disease progression became apparent.

The take-home? ctDNA is becoming a decision tool as well as a detection tool. By monitoring disease biology in real time, clinicians can identify signs of recurrence, resistance or treatment response before they become visible through conventional approaches. That creates new opportunities to intervene earlier, adapt treatment sooner and avoid unnecessary therapy, making timing itself a more powerful part of cancer care.

Treating patients, not tumours

The most important call for translation was also the simplest: translating science into lives that patients can actually live.

ASCO devoted significant attention to issues that would once have been considered secondary concerns: the management of treatment toxicities, survivorship, exercise, sleep, cognitive impairment and emotional well-being. Their prominence reflected a growing recognition that cancer care extends far beyond tumour response. Research exploring the cardiovascular impact of breast cancer treatment and the role of tailored exercise programmes was just one example of how quality-of-life considerations are increasingly becoming part of the scientific conversation.

Discussion around early-onset cancers reinforced the point. Researchers highlighted rising rates of cancers among younger adults, bringing fresh attention to challenges that

extend beyond treatment itself. Careers, family life, fertility, mental health and fear of recurrence all become part of the conversation. As one presenter observed, '45 is the new 50' when it comes to cancer risk.

What's striking is that these discussions are no longer taking place on the fringes of oncology. As patients live longer, questions about how people recover from treatment, manage side effects and navigate survivorship are becoming part of the mainstream conversation. The shift reflects the opening message: what matters to patients is what matters most. Success isn't just measured by how long people live, but by how well they live.

GLP-1s move into focus

GLP-1s have become impossible for oncology to ignore. That's the trend that emerged from the meeting, although the evidence remains preliminary.

Several studies explored links between GLP-1 use and improved outcomes in patients with cancer. In breast cancer, retrospective analyses suggested lower recurrence rates among patients receiving GLP-1 therapies alongside cancer treatment. Separate research reported positive signals across six tumour types, while additional studies in colorectal, bladder and breast cancer explored the impact of concurrent GLP-1 use.

The caveat is important. Most of the evidence presented was retrospective and involved patients taking GLP-1 therapies for diabetes. Prospective studies are needed to explore the relationship further.

Translation matters for marketers too

The theme of translation translated to the exhibition floor too. With nearly 500 exhibitors competing for attention, one lesson stood out: information is rarely enough. The booths that generated the most engagement weren't those displaying the most data, but those that gave people something to do, feel or remember.

'Key themes were intervening earlier, understanding disease more precisely and tailoring treatment more effectively'

Across the hall, passive digital displays struggled to attract attention. In contrast, hands-on activities, immersive environments and emotionally-driven experiences consistently drew crowds. Whether it was Lego installations, interactive artwork or multi-sensory brand experiences, the most effective exhibitors understood that engagement starts with participation.

The best found creative ways to translate complexity into something more accessible. BMS's 'medical library' offered a useful metaphor for modern oncology itself, helping visitors navigate a growing landscape of data, targets and treatment options. Jazz Pharmaceuticals turned the MoA behind Ziihera into an immersive visual experience, while Novartis used sound, movement and scent to create a memorable environment for its two leading brands. Together, they took on the broader challenge facing healthcare communications: making complex science easier to understand.

Translation wasn't only about simplifying science. It was also about connecting it to human experience. Gilead, for example, featured a live artist drawing portraits of Trodelvy patient ambassadors, creating a more personal and memorable moment. Bayer invited attendees to reflect on the people who inspire them, while Lilly framed clinical trial participation through a patient lens.

For healthcare communicators, the lesson was hard to miss. Scientific innovation only creates value when people understand it and connect with it.

Not lost in translation

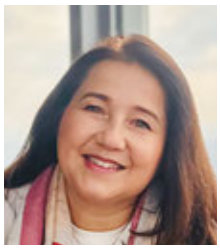
The trends that emerged from ASCO 2026 were diverse, reflecting a category coursing with innovation. Yet a common thread ran through them: the future of oncology won't be defined by science alone, but by our ability to translate it into meaningful benefits for patients.

No matter how quickly innovation advances, the most important measure of success remains unchanged: what matters to patients is what matters most.

Costas Saratsis is Medical Strategy Director and **Disha Srivastava** is Group Director, Medical Strategy, both at VML Health

The outcomes economy: where next for pharma?

By Sabina Syed



> 'In the emerging framework, a medicine's value will increasingly depend on how effectively care is delivered around it'

Attending the ISPOR (the professional society for outcomes research) conference in May continues to remind us that many global challenges persist that no single health system, pharma company, country or continent can tackle alone. In some cases, discussions felt very much like the film Groundhog Day to someone who has been in market access and affordability for almost 20 years. One session debated if the US is leading or following Europe on how they are tackling value and affordability? Shouldn't the question be what can we learn from one another to better improve health outcomes, including affordability?

Hot topics centred around Most Favoured Nation (MFN) pricing and equitable access, China's investment in developing innovative medicines, payer questioning outcomes and if medicines are affordable, pharma launch sequencing amid global inequities and, of course, AI.

It is undeniable that a new value framework needs to accelerate and be re-defined in an environment where uncertainty persists. One underrepresented topic was how rapidly evolving healthcare digitisation could reshape outcomes evaluation for patients, payers and pharma.

For decades, pharma has largely operated within a familiar framework: develop innovative medicines; demonstrate safety and efficacy through clinical trials; negotiate pricing and reimbursement, and bring therapies to market.

Today, healthcare systems across the world are changing the way they deliver care to patients using digital technology and, in some markets, at speed.

Pharma is potentially entering a fundamentally different future – one in which medicines are no longer viewed as standalone products, but as components of broader healthcare delivery ecosystems powered by digital technology, real-world data and continuous outcomes measurement. In the future, value in healthcare may no longer be measured molecule by molecule – but rather outcome by outcome.

Historically, value frameworks concentrated primarily on clinical efficacy, safety and acquisition cost. But healthcare digitisation is changing what can be measured – and therefore what payers will ultimately value.

Today, healthcare systems increasingly capture and value:

- Real-world patient outcomes
- Patient adherence and digital engagement patterns
- Remote monitoring data
- Patient-reported outcomes
- Quality-of-life improvements demonstrated by personalised and digitised healthcare delivery
- Hospitalisation reductions
- Long-term healthcare utilisation trends
- Reduction in health inequity.

As digital healthcare delivery infrastructure matures, payers are likely to demand evidence not only that a medicine works, but that the entire care pathway surrounding the medicine improves outcomes efficiently and sustainably.

This creates an important evolution in thinking: a future value equation may be built on four interconnected pillars: drug outcomes; price; affordability and healthcare delivery.

In this emerging framework, a medicine's value will increasingly depend on how effectively care is delivered around it. While this may not be new, what is different is that payers/healthcare systems will start to put increasing value on it.

Traditional pricing frameworks were largely built for episodic treatment models. Future therapies may require continuous data collection, integrated digital patient support, consideration to a digitally enabled healthcare delivery pathway and outcomes-based reimbursement models. In many ways, healthcare delivery is becoming part of the product.

This represents both a challenge and an opportunity for pharma (eg, RCT vs a real-world evidence decision-making environment). Organisations that continue to focus narrowly on drug efficacy and price may struggle to differentiate in future payer negotiations. By contrast, companies that design therapies alongside digitally enabled care models may be better positioned to demonstrate holistic value.

Ultimately, the industry may need to move beyond the traditional debate of 'high price vs price control' toward a more sophisticated value framework grounded in measurable patient outcomes and system-wide impact.

The question for me is not simply: "What does the medicine cost?" It is: "What long-term value does the medicine and its delivery ecosystem create for patients, healthcare systems and society?"

As healthcare becomes increasingly digitised, pharma has an opportunity to help shape this new framework. Those that succeed will likely be the companies that can integrate innovation, affordability, data and healthcare delivery into a single, outcomes-focused model.

So where to next? Uncertainty, risks and opportunities are the constant with pressures on drug pricing and affordability being the norm. Be curious about healthcare delivery and ask:

- In a digital era – how could patients receive their treatment, in what care setting, by whom and how could they be monitored in a digitised health system?
- What new skills do we need to develop?
  - Partnership working
  - Pathway redesign
  - Designing trials and real-world studies to encompass digital healthcare delivery, patient cultures, attitudes and beliefs, and digital literacy
  - Early engagement with payers and healthcare systems.
- Lastly, think of healthcare value as a Rubik's Cube – four interconnected colours representing drug outcomes, price, affordability and healthcare delivery. Within each sit multiple dimensions that must align to create meaningful value for patients, payers and society.

Sabina Syed is Managing Director of Visions4Health, www.visions4health.com

The UK's life sciences crossroads: competing in a market defined by speed, scale and investment

The UK's challenge is less about capability and more about how well it aligns with the way global pharma now operates

By Nigel Layton

The global life sciences landscape has become markedly more competitive over the past decade, with investment decisions increasingly driven by a clear set of commercial fundamentals: market scale, speed to revenue and increasingly complex geopolitical factors. While much of the public debate has focused on whether the UK is 'falling behind', the reality is more nuanced.

Pharmaceutical companies are not making decisions based on sentiment – they are allocating capital based on where they can achieve the strongest and most sustainable return. In that context, the UK's challenge is less about capability and more about how well it aligns with the way global pharma now operates. This shift towards more disciplined capital allocation is already evident in our C-suite barometer data, where life sciences leaders report an investment index of just 53% – well below the UK cross-sector average – highlighting a more cautious and selective approach to where and how capital is deployed. In practice, this is leading companies to evaluate investment locations more closely, with much of the recent movement towards the US focused on new facilities and expansion activity rather than wholesale relocation from existing European sites.

Why Europe is being squeezed

Europe's position in the global life sciences market is being steadily compressed between two increasingly dominant models. In the US, high pricing flexibility and rapid patient access continue to make it the most commercially attractive launch market. At the same time, China is rapidly scaling its innovation ecosystem, supported by state-backed investment, faster clinical trial timelines and a growing domestic market.

'Europe's relative attractiveness for first launches and major investment is under increasing pressure'

Against this backdrop, Europe increasingly risks appearing comparatively fragmented and commercially constrained, particularly as lower drug pricing environments continue to affect investment attractiveness. While it remains a critical region scientifically and commercially, its relative attractiveness for first launches and major investment is under increasing pressure. In reality Europe is rarely being fully deprioritised, but there are clear signs that a growing share of investment capital is being directed towards China, where scale and growth prospects remain highly attractive.

The UK's more exposed position post-Brexit

Within this shifting landscape, the UK's position has become more exposed following its departure from the European Union. No longer serving as a gateway to the wider EU market, the UK is now assessed more explicitly on its own merits – across regulation, pricing and access. While Brexit has not fundamentally altered how most global firms approach UK launch sequencing, it has sharpened the focus on the specific commercial advantages the UK can offer relative to other markets, particularly around tax incentives, grant support and ease of doing business. The UK nevertheless retains important strengths, including regulatory reliability, strong scientific infrastructure and a geographic position that continues to support international operations.

Pricing: more than a cost issue

Pricing in the UK – particularly through NHS mechanisms and rebate schemes – has become a central factor in how the market is perceived globally. Crucially, this is not simply about the absolute price level, but about the signals the system sends to multinational organisations. Low pricing levels and rebate requirements can materially affect revenue expectations, while also influencing international reference pricing in other markets. For global headquarters, UK pricing policy is viewed as a direct indicator

of commercial attractiveness, with many organisations continuing to seek stronger pricing potential from the market.

The growing importance of speed and time to access

Alongside pricing, the speed at which new medicines reach patients has become an equally critical factor in launch decision-making. Delays between regulatory approval and reimbursement or uptake can significantly reduce the speed at which companies realise value from a market, particularly when managing global launch sequences. Increasingly, organisations are prioritising countries where they can move quickly from approval to revenue generation, even if pricing is not optimal. In this context, time to access is no longer a secondary consideration – it is becoming a core determinant of competitiveness across all major markets. While the UK remains broadly comparable to other key European markets on speed, maintaining and improving access timelines will remain important to sustaining competitiveness.

What a more competitive UK model could look like

Despite these challenges, the UK's position is far from irrecoverable. The fundamentals – scientific excellence, talent and a strong healthcare system – remain firmly in place. However, improving competitiveness will require a more aligned and commercially coherent approach.

'A growing share of investment capital is being directed towards China, where scale and growth prospects remain highly attractive'

This includes strengthening the commercial attractiveness of the market through more competitive pricing, targeted tax incentives and grant support, accelerating the pathway from approval to patient access and ensuring closer alignment between regulators, the NHS and industry. For global pharma, the most attractive markets are not necessarily those with the highest prices, but those that offer clarity, consistency and speed. A UK model built on those principles would strengthen the country's position considerably. In a highly competitive global market, financial incentives remain an important differentiator when companies decide where to invest and expand.

From diagnosis to action

The UK's challenge in life sciences is often framed as a question of decline, but the reality is more a question of alignment. The country continues to offer many of the capabilities that global pharmaceutical companies value – but its commercial framework does not always reflect how those companies make decisions today. Addressing that gap does not require wholesale reinvention, but it does demand targeted, practical reform. With the right focus on competitive pricing, targeted investment support and faster market access, the UK can remain a highly competitive player in an increasingly complex global market. The message from industry is clear: the UK remains open for business, but maintaining that position will require government and industry to work together to ensure the market remains financially attractive on a global stage.

Nigel Layton is Head of Pharma and Life Sciences at Forvis Mazars in the UK

DCODE: bringing predictability to UK market access

By David Cunningham

'DCODE is designed to identify risks and opportunities across the entire product life cycle'

DCODE (Disease Cost Outcomes Data Environment) is a Visions4Health proprietary, structured risk assessment tool specifically designed as an efficient and replicable method to identify gaps in UK market access strategies. Through a series of insight-led questions (quantitative and qualitative) and a unique weighted scoring system, it provides an assessment of your products that are pre-launch or already on the market but are experiencing access challenges.

David Cunningham, Senior Consultant at Visions4Health and one of the 'brains' behind DCODE gives us an insight into its workings and how it can benefit the life sciences sector:

What was the core problem in UK market access that led Visions4Health to develop DCODE?
There wasn't a single root cause, but rather a convergence of multiple pressures eroding return on investment for life sciences companies. These include a shifting NHS payer and global pharmaceutical landscape, and intensifying NHS financial and demand pressures. Additionally, policy mechanisms such as voluntary project activities (VPAs) have further skewed the balance toward cost containment over broader value considerations like outcomes or industrial contribution. The result is increased launch uncertainty, slower and less predictable uptake and the UK being deprioritised for launches. DCODE was developed to reduce uncertainty and enable more informed, strategic decision-making in this complex environment.

How does DCODE work in practice?
DCODE is designed to identify risks and opportunities across the entire product life cycle, from trial design through to pre-launch planning and post-launch uptake. It operates via a structured framework covering 54 product scenarios for the UK and drawing on over 20,000 data points. The process begins with a pre-assessment to select the appropriate scenario, followed by a detailed market assessment that generates a quantitative risk score benchmarked against an expected range and visualised using a red-amber-green (RAG) system. The assessment is conducted independently by Visions4Health and helps to reduce any potential biases from a manufacturer's perspective. The assessment report is supported by specific recommendations.

What makes DCODE different from traditional frameworks or internal pharma models?
DCODE's differentiation lies in its structure, reproducibility and breadth. Unlike many internal models, it provides an end-to-end assessment framework rather than fragmented analyses. It is also comparative, allowing benchmarking across therapy areas, and combines real-world insight with data-driven scoring. Crucially, it embeds local healthcare system dynamics into its core methodology, rather than treating the UK as a single, homogeneous market.

Why is local insight such a decisive factor in UK product adoption?
While national health technology assessment (HTA) and reimbursement decisions set up the foundation, actual product uptake is driven locally. The NHS operates as a multi-layered system with diverse stakeholder behaviours, priorities and constraints. This results in significant regional variation in prescribing and adoption. DCODE is built on the premise that understanding these local dynamics is essential to accurately assessing access risk. This is something many global or nationally focused models fail to capture.

How does DCODE incorporate real-world evidence and stakeholder perspectives?
DCODE integrates evidence from multiple sources, including published NHS data, peer-reviewed literature and direct stakeholder engagement. Post-assessment findings are often supplemented through consultations with NHS leaders and system experts. This ensures that outputs reflect not just theoretical or historical data, but current operational realities and decision-making behaviours within the system.

How should pharma companies use DCODE?
DCODE has multiple applications: an independent validation of launch strategy, a tool for optimising trial design, a mechanism for portfolio prioritisation and a diagnostic for underperforming products. Its value lies in providing an 'outside-in' perspective – combining data and experience to challenge assumptions, surface blind spots and guide strategic action.

How should companies rethink resource allocation and evidence generation?
DCODE enables more targeted deployment of finite resources by clearly identifying low-risk vs high-risk domains. Through individual products or across a whole portfolio, companies can avoid over-investing in areas where risk is minimal and instead redirect efforts toward areas where risk and uncertainty are higher. It also supports earlier intervention, particularly at trial design stage, ensuring studies are aligned with payer expectations from the outset.

Can you share an example where DCODE has helped unlock access or identify a gap?
A typical scenario involves identifying misalignment between clinical evidence and payer expectations. For example, a product may demonstrate potential outcomes in reducing hospitalisation but lack the necessary data at the time of HTA review. DCODE flags this as a critical risk and, importantly, identifies ownership within the organisation and recommends mitigation strategies, for example generating additional evidence or adjusting messaging. This dual focus on diagnosis and action is a key strength.

Let's talk

If you are looking to cut through uncertainty and build a market access strategy that works in today's NHS, or you want to learn more about DCODE and how it can help you, we'd love to talk. Visit www.visions4health.com or contact info@visions4health.com to find out more.

David Cunningham is Senior Consultant at Visions4Health

COMMUNIQUÉ MARKETING & COMMS

JUNE HIGHLIGHTS

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Changes at Pfizer, Gates Medical Research Institute and Moderna

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Havas Lynx celebrates 40 years in healthcare comms; Amiculum joins Bionow

Achieving launch excellence through cross-functional collaboration

By Maurice Leonard and Conor Walshe

Launch excellence has long been positioned as the culmination of clinical development, but it's a view that's increasingly outdated. Today, success is defined by the ability to anticipate regulatory, payer and patient needs much earlier in the life cycle.

In reality, successful launches begin in early clinical development. The target product profile (TPP) defines what success looks like, aligning clinical ambition with the needs of prescribers, patients and payers. The best organisations bring commercial, medical affairs and market access input into this phase early – often from phase 2 – ensuring that evidence generation supports both regulatory approval and reimbursement.

This alignment is critical, as a therapy may have a strong clinical story, but without the right endpoints, comparators or supporting data, it can struggle to demonstrate value in practice. There is no single 'blueprint' for success, but best practice is clear: prioritise clinically meaningful endpoints accepted by HTA bodies; include quality-of-life and economic measures early, and select comparators that reflect real-world care.

From silos to integrated thinking

A major shift has been the move away from siloed working, where historically, clinical, regulatory and commercial functions operated sequentially. Today, leading organisations bring these disciplines together early to shape both evidence generation and the value proposition.

At the core is a structured set of strategic activities: defining the global value proposition; conducting landscape analysis; shaping the TPP; identifying evidence gaps and developing early economic models. Trial programme planning is also more deliberate, ensuring endpoints align with regulatory, payer and patient expectations.

Together, these activities form an evidence generation road map that underpins launch success and, when developed cross-functionally, ensures that evidence translates directly into a credible value narrative at launch.

De-risking access, pricing and launch sequencing

A growing proportion of launch failure now stems from access and adoption challenges. Companies must demonstrate not only clinical efficacy, but also economic value and real-world relevance, while delivering on early commitments to stakeholders. Strategic use of expanded access programmes can support this by generating early real-world insights and helping to de-risk access, pricing and launch sequencing decisions.

At the same time, regulatory and pricing dynamics are reshaping launch strategy, with the EU Joint Clinical Assessment increasing the need for HTA-ready evidence earlier in development, while pricing pressures require more deliberate decisions about where and when to launch.

This is evident in how launch sequencing is evolving, where traditionally, companies had a US-first approach, followed by Germany and wider Europe. Today, Germany is, in some cases, being sequenced later due to pricing and reimbursement dynamics for high-cost therapies, while other regions – including the Middle East – are prioritised earlier. This reflects a broader move towards globally coordinated strategies shaped by access and pricing considerations.

Why launches still underperform

Despite the trend in earlier prioritisation of the value proposition of new launches, common pitfalls remain, mainly due to late stage 'roadblocks', that continue to undermine launches, including: weak comparator data; lack of a clear patient population or unrealistic pricing assumptions.

A muddled value proposition can weaken strong assets, often due to limited understanding of the patient journey or insufficient patient engagement. Failure to anticipate competition, combined with siloed execution, can further dilute impact.

Avoiding these risks requires true ownership across an integrated launch team centred around a clear value story, with aligned KPIs, clear decision-making authority and shared accountability.

The role of creative engagement

As competition intensifies, the way value is communicated is becoming increasingly critical to optimising access to a therapy and supporting its early adoption.

More creative approaches are emerging to translate complex evidence into clearer, more compelling narratives.

This includes innovative pricing models, such as outcomes-based agreements, volume-based price caps, or managed access agreements, alongside more targeted engagement with policymakers, clinicians and patient communities. Organisations that demonstrate flexibility on the structure of payment models are more likely to build early traction.

Crucially, this creativity must remain grounded in credible evidence and cross-functional alignment.

Partnering to enable launch excellence

With increasing complexity, partnering is now critical in de-risking launches, bringing expertise and market insight across regulatory strategy, market access and early access programmes.

More importantly, partnering enables organisations to operate as an integrated launch system, aligning evidence generation, stakeholder engagement and commercial planning.

At Uniphar, this approach is reflected in a cross-functional, partnership-led model that connects evidence, access and adoption.

Launch excellence is now defined by the quality of decisions made across the entire life cycle and, in a complex environment, those decisions cannot be made in isolation. Cross-functional collaboration that's grounded in a clear evidence road map is the foundation for successful, sustainable launches.

For more information on the European launch environment as it enters this time of complexity and regulatory change, download Uniphar's white paper, *Navigating the new era – launch success in Europe's evolving pharma landscape.*

Maurice Leonard is Director of Medical Affairs, Europe & International Markets and **Conor Walshe** is Commercial Director, both at Uniphar

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SPECTRUM SCIENCE

PMEA 2026 welcomes Simon Bates as new Chair of the judging panel

The Pharmaceutical Market Excellence Awards celebrate excellence within the pharmaceutical, biotech and medtech sectors

The Pharmaceutical Market Excellence Awards (PMEAs) return for the 26th year in November to celebrate excellence within the pharmaceutical, biotech and medtech sectors. This year, we welcome Simon Bates as the new Chair of the judging panel, someone who has been a judge and steering group member for several years.

PMEA recognition rewards companies for their innovative customer-centric business practices, to ensure treatments, solutions and education deliver the most meaningful outcomes for patients. The Awards recognise excellence in global, regional and local work, by large and small companies, and cross-healthcare partnerships.

They reflect the dynamic healthcare environment and the industry's development of new and smarter ways to improve patient care and outcomes, as well as providing greater value for healthcare providers and payers.

Each year, the steering group and PMEA team revises the award categories and programme to ensure that the Awards continue to be specifically designed to commend excellence, best practice and innovation.

Commenting on his appointment as Chair, Simon *(pictured right)* said: "I am honoured to take on the role of Chair. The PMEAs are the life sciences industry's leading Awards programme, celebrating and promoting the best Market Excellence strategies from pharma, biotech and medtech, and especially these companies' innovation and commitment to partnering with healthcare providers, payers, charities and related organisations.

"We have a team of over 20 judges from different companies, healthcare organisations, academia and charities rigorously and fairly assessing the hundreds of brilliant submissions we receive across our Awards categories. We love to see creativity and originality in market strategies, tactics and partnerships. At the heart of the judges' thinking is always how these activities deliver the scientific and commercial outcomes the life sciences industry and its healthcare customers need to thrive, but most importantly how they directly and measurably impact outcomes for patients. Patients are our ultimate true customers and the reason most industry executives go to work every day.

'The Awards recognise companies for their innovative customer-centric business practices'

"There are two themes to call out that I hope to drive in my tenure as PMEA Chair. First, 'Innovation beyond the historic silos within a life sciences company'. Always respecting there is legitimate separation of functions, but challenging these as the healthcare ecosystems we serve are evolving dramatically, not least in our digital, data and AI-driven world. And second, 'Broadening the PMEA network to include more smaller and medium-sized companies from across the globe', so that countries can learn from each other; and being 'smaller or newer' can often mean going faster to challenge established ways of working."

To expand on how PMEA recognition supports companies and agencies, Simon asked two companies, Roche and Alnylam, about their experiences of entering the PMEAs:

Why did you submit your entry, Africa Breast Cancer Ambition, to the PMEAs?
Roche: We submitted the Africa Breast Cancer Ambition (ABCA) initiative because the PMEAs are widely regarded as the industry's gold standard for recognising genuine innovation in healthcare delivery. ABCA is unique in its scale – spanning multiple countries and years – and in the rigorous way in which it has been executed. It is, at its core, a bold and singular plan. There were no comparable programmes against which it could be benchmarked, and that in itself speaks to the originality at the heart of what we set out to do. The PMEAs gave us the professional rigour and the platform to demonstrate how we are redefining the standard of care in underserved markets – and to show the world that even the most complex challenges can be solved through sophisticated, long-term partnerships. The ambition behind ABCA and the ethos of the PMEAs are, quite simply, perfectly aligned.

How did being part of the PMEAs help Roche, the ABCA programme and your team members?
Roche: Winning gave Roche's leadership something invaluable: a fundamental validation of their strategic decision to transform the breast cancer ecosystem across Africa. It served as a powerful proof of concept – confirmation that our long-term investment is not only the right path, but a replicable model for others to follow.

For the team, the recognition was deeply meaningful. Seeing our patient success metrics withstand the rigorous scrutiny of the PMEA judges was profoundly energising. Robust, measurable patient outcomes are often missing from award submissions – and capturing them meaningfully in low- and middle-income countries is especially challenging. That our results held up so strongly has renewed our commitment to scaling this model further.

This ecosystem-wide approach is already demonstrating what becomes possible when stakeholders align around shared value: better outcomes for patients, stronger health systems for communities and a sustainable growth model for industry. It is a blueprint with the potential to extend far beyond breast cancer – one that could transform the broader non-communicable disease landscape across Africa. This award recognises the courage it takes to reimagine what partnership can look like. It belongs equally to the governments, healthcare workers, NGOs and community leaders who make this work real every single day.

What were your external partners' involvement/reactions to your success in the PMEAs?
Roche: The response from our external partners has been nothing short of overwhelming. The LinkedIn post by our Area Head, Maturin Tchoumi, sharing the news garnered over 2,700 reactions and attracted approaches from new stakeholders across technology, finance and healthcare – all eager to learn more or explore how they might contribute.

For our partners, it has served as a proof of concept: evidence that a deeply focused, collaborative approach can transcend borders and sustain long-term momentum when driven by a genuinely virtuous ambition. That shared energy is already strengthening local collaborations with governments and elevating breast cancer higher on the regional health agenda.

Ultimately, this award validates the courage required to rethink what health partnerships in Africa can be – and honours the tireless effort of everyone who makes this ecosystemic model a reality, day after day.

How did you find the process and the event?
Roche: The process was remarkably smooth from start to finish. Instructions and templates were clear at every stage, the online submission tool was intuitive and the PMEA team was consistently responsive and helpful whenever questions arose.

The event itself was a genuine highlight – a rare opportunity to witness the most forward-thinking work happening across the industry. Meeting peers from across the ecosystem was equally enriching. It was particularly gratifying to see how powerfully the ABCA approach resonated in a room full of global health leaders. The conversations it sparked confirmed what we have always believed: that what we are building in Africa matters well beyond Africa.

Would you recommend other Roche teams to enter?
Roche: Absolutely – without hesitation. Participating is an invaluable exercise in measuring real-world impact and pressure-testing the story you tell about your own work. For any team within Roche that is pushing boundaries to drive innovation in healthcare delivery, the PMEAs offer the visibility and external validation needed to turn a local success story into a global benchmark. If you are doing work you believe in, this is the platform to share it.

Simon also asked Alnylam about the company's experiences of entering for the first time last year:

Why did you enter the PMEAs (I believe for first time)?
Alnylam: 2025 was a landmark year for Alnylam globally and in the UK, we'd delivered some brilliant outcomes in reaching HCPs and patients that we were really proud of. It's a competitive marketplace – we want to hire and retain the best talent in the industry and have award-winning creative partners clamouring to work with us despite our size, so it felt like the right time to throw our hat into the PMEA ring.

How did being part of the PMEAs help Alnylam and your team members?
Alnylam: Our Challenge Accepted mantra is tangible in all that we do at Alnylam, and the team was 100% all-in during the submission process. Some of our team members had been PMEA Winners at previous companies so knew the feeling of pride and motivation that comes when your work is judged by peers to have delivered campaigns and outcomes we all wish we'd been part of.

How did you find the process and the event?
Alnylam: The process was intense and scrappy in the few days before the deadline, but we had a clear story to tell and we do tend to thrive under pressure! It was definitely a case of 'all hands on deck' and the cross-functional team worked smartly with our agency partner to agree roles – even our global CEO made time to be filmed at very short notice! We felt good about our work and having a strong UK & Ireland team presence at the Awards event, including R&D, HR, market access and corporate comms business partners, was fantastic – a wonderful night of team camaraderie that we will remember for a long time.

Would you recommend that other medium-sized companies should enter?
Alnylam: If you are generating industry-leading results or innovative campaigns that ultimately contribute to better patient outcomes, then yes, the team who delivers it deserve to be professionally recognised and the work applauded and (likely) emulated.

Being recognised through the PMEAs is regarded as a significant achievement for those behind the initiatives and success can be a key driver for business growth as well as for building morale with both internal and external stakeholders.

Crucially, entrants benefit from a comprehensive system put in place to ensure confidentiality at every stage of the judging process. They are also given full control over the information disclosed when the results are published.

Following the rigorous judging process, the PMEAs culminate in a dinner and awards presentation held in London each November.

To find out more about submitting an entry for the 2026 Awards, go to pmea.awardsplatform.com

Steering generative AI into the pharma fast lane

Industry needs to press the accelerator to adopt AI across functions to supercharge launch excellence

Every Formula 1 Grand Prix has its strategic pit-stops where advantages are gained by resets and deploying fresh tyres with astonishing precision, agility and speed. For pharma, its AI progress appears to be slowed by a methodical procession of AI adoption through a series of chicanes.

Safety and privacy are valid reasons to ease back on the throttle, but expectant patients, healthcare professionals (HCPs) and key opinion leaders (KOLs) want to see digital and technological advances powering the rapid progress they witness daily in other sectors.

Generative AI (GenAI) is already flourishing across drug discovery, clinical trials and healthcare system recalibration, but many fear its potential power is dissipating through lack of co-ordinated application across departments.

For launch excellence, where the cost of developing a drug has risen to $2.2bn in 2024 from $2.1bn the previous year, this is the equivalent of skidding out of a corner and watching the rev counter dwindle.

AI's impact is accepted and its potential is revered, but industry is being challenged to move through the gears so that every aspect of business benefits, rather than admiring pilot schemes that are tested in isolation.

"From a corporate perspective, companies also need to move away from fragmented experimentation. Many organisations have piloted AI agents in isolated pockets, but launch excellence depends on connected execution. If commercial, medical, market access and clinical teams are working from separate systems and processes, AI will only accelerate the fragmentation," said Manuel Möller, Vice President, Veeva Insights Strategy, Veeva Systems.

> **'For GenAI to deliver value, companies need trusted data, connected systems and human oversight'**

"GenAI needs a clear operating model: agreed definitions of what constitutes an insight; shared processes for prioritisation; clear accountability for action and a way to measure outcomes. The technology is important, but the governance and cross-functional discipline around it are what turn AI into business and patient impact."

GenAI is a prolific source of critical insights, including game-changing patient feedback and predictive analysis, influential research and opportunities to engage across diverse stakeholders. All have the capacity to optimise clinical trials and supercharge R&D while also reducing costs and enhancing efficiency.

Turning insights into action

"AI has great powers, but one of the biggest barriers to AI is organisational rather than technical," says Manuel. "Many companies still have fragmented systems, inconsistent insight capture, unclear ownership and limited cross-functional flow. Medical teams may collect valuable insights, but if there is no shared process for prioritising them or assigning accountability, they may not influence decisions in time.

"There is also a maturity gap. Biopharmas recognise that insights are strategically important, but many still rate their own ability to act on them as average. Technology has accelerated capture and analysis, but execution often has not kept pace. For GenAI to deliver value, companies need trusted data, connected systems, human oversight and a clear framework for turning insight into action."

He adds, tellingly: "Without that, AI may simply make a broken process faster."

Pharma is sitting on a well of intelligence and insights generated by its MSLs and medical teams during their scientific exchanges with physicians and KOLs, but much of it leaks away because traditional structures struggle to capture and utilise the data and evidence fast enough. But the use of agentic AI, where AI agents operate autonomously to find, evaluate and create strategies from masses of data, can liberate that knowledge.

A paper from McKinsey in October 2025, stated: 'Agentic AI has the power to enable a reimagination of the entire life sciences value chain.'[1] The analysts also proclaimed: 'Agentic AI is poised to boost the benefits from AI by changing its role from tool to coworker and catalysing an end-to-end reimagining of the life sciences value chain.'[2]

Veeva Systems, leaders in cloud-based software for the life sciences industry, believes GenAI is ready to play a significant role across launch excellence.

Earlier visibility

"AI agents can support clinical development by helping teams understand barriers earlier and respond faster," comments Manuel. "This is especially valuable as therapies become more targeted and patient populations become more specific. If companies can detect patterns in field intelligence earlier, they can identify potential recruitment barriers, evidence gaps and stakeholder concerns before they slow progress.

"AI agents can help by analysing large volumes of field interactions and identifying emerging medical themes in near real time. This allows teams to move beyond isolated insights and understand the patterns behind them.

"For launch teams, that means earlier visibility into what is working, what is creating friction and where scientific communications or evidence plans may need to adapt.

"The role of AI agents will grow as companies connect these insights more directly into launch planning, medical strategy, content development, evidence generation and stakeholder engagement. The real value is not just faster analysis, but better cross-functional action."

He sees GenAI, and AI agents, as the logical response to stakeholder expectations as 70% of physicians report using AI daily and 84% of those believe it makes them better at their jobs, according to its paper, *The Role of Medical Affairs in Times of AI*.[3]

'AI can help biopharmas listen better, act faster and make more precise decisions when bringing medicines to market'

Strategic driver

"Importantly, KOLs are willing to contribute to the process. The issue is often whether their input is visibly acted upon," adds Manuel. "When insights disappear into a system and do not appear to influence strategy, trust can erode. AI can help identify themes across thousands of interactions, but companies also need to close the loop and show how stakeholder input is informing medical strategy, evidence generation or scientific education.

"For patients, the link is indirect, but important. Better insight activation can help companies understand unmet needs, care pathway challenges, access barriers and education gaps earlier. That can influence how therapies are launched, how evidence is generated, and how biopharmas support clinical practice.

"Engagement should not be a one-way transaction. The future is a more continuous dialogue, where stakeholder input is captured, understood, acted on and fed back into the organisation."

AI is likely to become more embedded and continuous, and organisations will be able to connect departments seamlessly. The value of medical affairs will become more apparent and will increasingly be seen as a strategic driver of launch excellence and patient impact, Manuel predicts.

"AI will not remove the complexity of bringing medicines to market, but it can help biopharmas listen better, act faster and make more precise decisions," Manuel says. "In a world where most medicines never reach patients, that capability will become increasingly important.

"The biopharmas that benefit most will be those that combine AI with strong data foundations, connected processes and clear human accountability."

Danny Buckland is a freelance journalist specialising in the pharmaceutical industry

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Launching into an AI-powered future: a prescription for success

Making launch more effective, precise, cost-effective and agile demands new thinking and new technologies

By Sarah Rickwood and Kirstie Scott

Launching prescription medicines excellently – achieving optimal commercial performance that reflects a medicine's value and the clinical, commercial and financial investment made in it – has always been one of the most important activities an innovative pharmaceutical company undertakes. In many cases, the future growth of the company depends on excellent launch. What it takes to achieve launch excellence has always evolved, as the types of innovative medicines coming to market and the environments they face have changed. In the next ten years, however, the stakes are higher, and the environmental challenges more transformative.

According to IQVIA figures, the global patent cliff for innovative medicines to 2030 equates to more than $230bn of current list price value exposed to lower-cost competition. The risk is concentrated among leading innovative pharmaceutical companies, with up to 65% of big pharma's current revenues at risk. A further $200-250bn of industry revenue is at risk by 2035. Some of the world's most valuable pharmaceutical brands, including Keytruda, Wegovy and Dupixent, will lose exclusivity in these periods.

Replacing this value will not be easy. Pharmaceutical companies are launching more innovative products, but many of these products are individually smaller products facing faster, fiercer competition. In fact, half of launches in the top eight countries make less than $5m in their first year per country. Multibillion-dollar brands still exist, often driven by strong multi-indication strategies (eg, Keytruda, Humira) or exceptional new market creation (such as modern obesity medicines). But they are the exception, not the norm. Launches are also facing competition faster: think of the Wegovy pill, launched for obesity in the US in January 2026 and already facing competition from Lilly's oral obesity agent Foundayo, launched in April 2026. This matters because IQVIA's launch excellence research has consistently identified the first six months as a critical window of opportunity for most launches to establish long-term success.

Launch success is more important than ever, but with a narrow window for success

The launch dilemma: replace unprecedented value loss through more, often smaller launches

>$480bn
revenue at risk of LoE to 2035

Bigger LoE Gap
- **LoE gap to 2030 of >$230bn,** $200-250bn to 2035
- Big pharma faces patent cliffs of up to **65%** of current revenues

+127
additional NAS Launches globally

More Launches
- **>120** additional new Launches in the past 5 years
- **50-55** Medicines/year forecast to Launch in the US in next 5 years

<52%
Launches with less than $5M in year 1 (per country)

Lower Launch sales
- **Half** of Launches in the top 8 countries make <$5mn in their first year (per country) – up from 44% 5 years ago

Six months to determine long term Launch success

Learnings from 9 editions of Launch Excellence:
Most Launches only have one shot at success

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The launch dilemma has become a trilemma

This launch dilemma was already difficult: the need to replace unprecedented value loss through a larger number of often individually smaller launches facing fast competition. Since the beginning of 2025, that dilemma has become a trilemma. Two fast-moving curveballs are rapidly changing the launch environment. The first is policy: the US administration's goals on international reference pricing through Most Favoured Nation, aimed squarely at the key ex-US countries for global launch success in Europe and Japan. The degree to which the policy will affect ex-US launches in terms of sequence and timing has yet to be seen, but the potential for impact has been widely discussed, and what is absolutely certain is that the policy has created uncertainty for ex-US launch strategy and, along with it, risks on levels and timings of investment and activity.

The second is how rapidly generative AI tools are becoming the front door for healthcare professionals (HCPs) to access medical information. As of December 2025, an IQVIA multi-country study showed that 85% of surveyed HCPs already utilise generative AI tools, with 41% using them daily among oncologists and GPs across France, Germany and the UK. Importantly, the most widely reported use cases include guideline review and support with treatment decisions. As a result, pharmaceutical companies risk seeing their traditional engagement and role as a source of medical information and support diminish, with less opportunity to shape early understanding of newly launched brands.

'As launch pathways become less predictable and geographic priorities shift, companies need to scale capabilities quickly'

What does this mean for launch excellence?

The implications of the trilemma are clear: future launches will need to be more effective, more precise and cost-effective, and more agile:

- **Launch must be more effective:** replacing, and ideally exceeding, nearly one-third of the global pharmaceutical industry's value in a decade demands consistently strong launch performance. Success cannot depend only on a handful of exceptional blockbusters; it must come from improving performance across the portfolio
- **Launch must be more precise and cost-effective:** as launches become more numerous and often individually smaller, companies cannot invest in every product, geography and customer segment in the same way. They will need to focus capital and resources on the highest-value opportunities, while still nurturing smaller launches to their full potential
- **Launch must be more agile and resilient:** companies still need global launch success, but the path to that success has become more volatile and less predictable. Established country sequences may change, with some less familiar country markets moving earlier in launch plans, while more familiar markets may face delay. Geopolitical tensions, policy shifts and changing commercial opportunities mean companies must be able to pause, accelerate or redirect launch activity quickly.

These requirements require a new launch model that is more dynamic than the launch playbooks of the past, which are dependent on static assumptions made years before launch.

Pharma engagement must evolve as AI becomes a front door for HCPs to access medical information

Influence shifts upstream

Share of algorithmic trust becomes a key battleground
- Evolution of where influence is won
- Influence is earned upstream through trusted, guideline-relevant evidence that is continuously refreshed

In-field roles evolve

Deeper, consultative engagements
- Evolution of how in-field teams engage
- In-field teams move from detailing products to **consultative engagement,** interpreting data, evidence, and pathways in context

AI fluency a core capability

Winning requires AI-ready skills, tools and governance
- Evolution of how organizations operate: capabilities, governance, workflows
- Targeted upskilling (e.g. knowledge architecture; AI-enabled tools to support consultative in-field engagements)

Why AI is now central

Making launch more effective, precise, cost-effective and agile demands new thinking and new technologies. This is where well-governed AI, built on high-quality data, can create real advantage: connecting diverse inputs to enable launch teams to make sense of an increasingly complex environment and act with greater speed, precision and agility at scale.

- **AI agents to augment launch processes and teams:** AI agents can support teams from early planning through execution, accelerating and transforming activities that are complex, resource-intensive and repetitive. Think agents that provide on-demand insight to support data-driven launch planning, agents that support value dossier development or field force agents that improve HCP targeting, call preparation and insight capture
- **AI to enable flexible and scalable operating models:** as launch pathways become less predictable and geographic priorities shift, companies need to scale capabilities quickly and cost-effectively. AI enables this by embedding intelligence directly into core workflows, allowing activities to be executed more consistently and reused. Starting from a clean slate, emerging biopharma companies could seize the benefits of a leaner commercial model by using technology-enabled partners to access modular capabilities, specialist expertise and local market presence, scaling without recreating the cost and complexity of traditional in-country affiliates. Larger pharmaceutical companies with legacy commercial models should take note: they may face smaller competitors with state-of-the-art, more flexible capabilities, able to out-compete them in the new environment, if they themselves do not change
- **AI as a decision engine for complex data environments:** launch teams now have access to more data than ever before, from market and customer insight to performance management. The challenge is making sense of these inputs quickly enough to inform better decisions. AI of the right quality and sophistication is built to handle this, and to grow rather than become redundant as data sources evolve.

As well as transforming how pharmaceutical companies plan, execute and adapt their launches, AI is also central because it is reshaping the external information environment into which medicines launch.

> **'AI agents can support teams from early planning through execution, accelerating and transforming activities'**

As HCPs increasingly use AI tools to summarise guidelines, compare treatment options and support clinical decision-making, traditional approaches to pharmaceutical engagement will need to evolve to remain relevant. In-field teams will need to upskill to support deeper, more consultative engagements focused on evidence interpretation, identifying addressable care gaps and overcoming practical barriers to adoption. The strategic battleground for new launches will also shift away from share of voice, supported by pharma-owned media, towards share of algorithmic trust. In practice, this means launch teams must think about what evidence they create, and how quickly, credibly and consistently that evidence enters the trusted information ecosystems from which AI tools draw (eg, clinical guidelines, medical society recommendations, highly rated peer-reviewed journals). This new environment also requires new measures of launch success, moving beyond activity-based metrics such as the number of interactions with HCPs, towards indicators of influence, such as visibility in AI-mediated search and contribution to guideline-aligned pathways.

The prescription for success

Launch success in the future will not come from fixed launch playbooks, but from building new launch processes and dynamic capabilities that are fit to face future challenges: more value to replace, more launches to support, more volatile global launch commercial environment and an information environment (for HCPs, patients and pharmaceutical companies) increasingly shaped by AI.

Used well, AI can be embedded in the launch engine as an enterprise capability to elevate human decision-making: surfacing the right insight earlier, reducing manual effort, helping teams focus resources where they matter most, and supporting faster course correction when assumptions change. Launch excellence will remain a human, scientific and commercial discipline, but it will increasingly be enabled by embedding AI across core data and workflows. The companies that succeed must combine the speed, scale and precision AI enables with the scientific credibility, local insight and human judgement that successful launch still requires.

Sarah Rickwood is VP, Thought Leadership and **Kirstie Scott** is Senior Consultant, Thought Leadership, both at IQVIA

AAA launch excellence – agile, adaptive and agentic

Over time, the use of AI agents will support a broader range of launch processes and workflows, enabling teams to move faster, make more informed decisions and operate with greater efficiency

By Aleksandar Ruzicic

In 2025, uncertainty surrounding the global launch of biopharmaceutical products has intensified, driven in part by the introduction of the US Most Favored Nations (MFN) drug pricing model for therapies overseen by the Centers for Medicare & Medicaid Services (CMS).

On 23 December 2025, proposed rules were released outlining GLOBE (Global Benchmark for Efficient Drug Pricing) for Medicare Part B and GUARD (Guarding US Medicare Against Rising Drug Costs) for Medicare Part D. Earlier that month, on 11 December 2025, the European Parliament and the Council of the European Union reached a political agreement on reforming EU pharmaceutical legislation, also including launch and supply obligations.

Accelerating agile transformation

Biopharma companies must therefore accelerate their agile transformation to achieve launch excellence – see our previous article in September 2025 PME, Driving launch excellence through agile transformation. However, this alone is no longer sufficient. Many organisations have already begun integrating AI into select pre-launch and launch processes.

The companies that will lead going forward are aiming for 'AAA launch excellence' – agile, adaptive, and agentic. They are evolving towards continuous learning models characterised by real-time sensing, faster decision-making and swift execution. This approach helps reduce uncertainty, enhance learning on investment (LOI) and capture value from optionality in an increasingly complex and unpredictable environment.

'Biopharma companies need a robust, integrated solutions architecture with an agile launch execution platform at its core'

Imagine a future where a launch plan is no longer static, but a living system – one that incorporates event-driven workflows, self-adjusting sequences and, over time, an increasing number of AI agent-triggered actions. Event-driven workflows may respond to external signals, such as competitor product data performing better than anticipated, or to internal developments, such as evidence for follow-on indications diverging from the base case assumptions.

Ensuring robust, agile workflow systems

Historically, planning for these contingencies in detail has been challenging due to the sheer number of possible permutations. With robust agile workflow systems in place, however, it becomes far more feasible to embed adaptive processes that support self-adjusting sequences – for example, recalibrating supply and demand plans or sales forecasts in response to approval delays.

AI agent-triggered actions represent the next frontier. Real-time insights from healthcare professionals (HCPs), for instance, can dynamically inform risks or upsides relative to the base case, enabling continuous refinement of forecasts and more responsive decision-making.

Such a bold vision cannot be realised overnight. Biopharma companies need to take a stepwise approach to building launch excellence capabilities. The foundation layer focuses on establishing clear processes and workflows, with defined dependencies, deliverables and decision points. This enables the creation of an agile launch plan, where major processes are broken down into work packages or sprints – allowing teams to learn from each step and reduce uncertainty for those that follow.

Identifying key triggers and responses

Building on this agile foundation, companies can introduce an adaptive layer that identifies key triggers and corresponding responses. Achieving this requires a sufficiently robust agile workflow system – one that supports the definition of event-driven actions and enables automated replanning when trigger events occur.

The final layer involves the systematic integration of AI agents across launch-related processes and workflows. Most companies have already begun adopting modular AI agents for specific activities. Real-time AI monitoring for signal detection is increasingly available – not only during launch, but also for in-market brands – for example, through social listening among HCPs and patients.

Biopharma companies are also rolling out AI agents, often starting with in-market brands, such as those used for dynamic sales forecasting and HCP targeting. Over time, AI agents will support a broader range of launch processes and workflows, enabling teams to move faster, make more informed decisions and operate with greater efficiency (see Figure 1).

Implementing key enablers

A successful biopharma launch excellence transformation depends on several key enablers, including standardisation where appropriate, access to historical launch data, robust governance frameworks and strong regulatory discipline. Standardisation can involve creating ready-to-use launch processes and workflows tailored to different scenarios – such as a novel compound, a new indication or additional evidence generated through life cycle management. These common situations lend themselves to reusable frameworks that streamline planning and execution.

While launch teams can and should tailor these frameworks to their specific needs, having a standardised starting point avoids the need to build plans from scratch, as is often the case today. Deliverables should also be standardised wherever possible. For example, a target product profile can serve as a consistent framework to articulate the core value proposition, evolving over time to incorporate key market insights and emerging product evidence.

'With robust agile workflow systems in place, it's far more feasible to embed adaptive processes that support self-adjusting sequences'

Data from historical launches should capture not only key deliverables, but also how they evolved over time – along with the underlying reasons for changes. This includes elements such as sales forecasts, demand and supply plans, and their subsequent adjustments. Such data is invaluable for identifying likely external and internal triggers that may require adaptive, event-driven workflows in future launches. In addition, granular historical data is essential for training AI agents, including dynamic sales forecasting models.

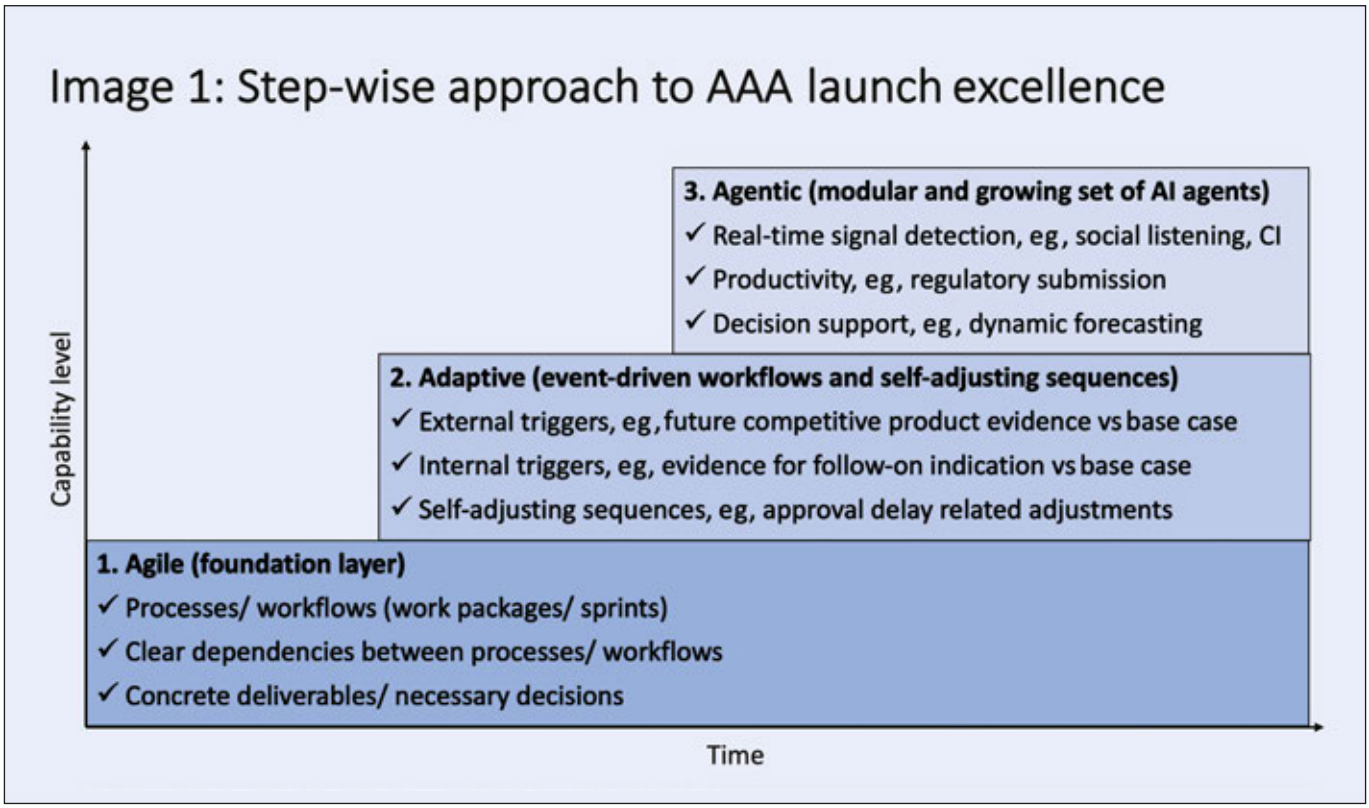
A robust governance framework is equally critical, clearly defining accountability and decision rights throughout the launch process. This encompasses established decision-making bodies, such as cross-functional launch teams, functional sub-teams and senior leadership. It should also anticipate trigger-based responses and AI agent-initiated actions, typically incorporating a human-in-the-loop approach given the high stakes involved. Finally, regulatory rigour must be embedded from the outset. This includes ensuring GxP compliance for key deliverables – such as regulatory submissions – as well as maintaining auditability of critical decisions and traceability of any adaptations made during the launch process.

Adopting integrated solutions architecture

To meet these success factors, biopharma companies need a robust, integrated solutions architecture. At its core should be an agile launch execution platform that enables the desired level of standardisation – such as ready-to-use processes and workflows with defined dependencies, pre-built deliverables and centralised document repositories with version control.

Many organisations, from top 20 pharma companies to emerging biotechs, have adopted solutions that can be readily configured to fit specific launch processes and workflows, while remaining flexible enough to evolve towards more agile and adaptive models over time.

Beyond the core platform, companies must equip launch teams with a growing suite of modular AI agents. Many of these are initially developed for post-launch commercial use cases – such as account and HCP segmentation, resource sizing and sales forecasting – but are increasingly being applied earlier in the launch life cycle.



A range of specialised vendors offer both off-the-shelf products and customised solutions, typically encompassing a vast pool of proven AI agents.

Building future-ready capabilities

Biotechs launching their first product – without the constraints of legacy systems – are well positioned to leapfrog large pharma companies. They can build future-ready capabilities from the outset, without needing to redesign entrenched ways of working. As a result, they may be the fastest to achieve AAA launch excellence, operating in an agile, adaptive and agentic manner from day one.

Leading biopharma companies will gain speed as lead times shrink, while also increasing flexibility in subsequent steps. This allows them to delay certain decisions until critical insights or deliverables from earlier investments are available – then act quickly and decisively, often faster than competitors. In doing so, they reduce overall launch risk by accelerating insight generation and responding more rapidly to emerging developments.

Ensuring quality, consistency and scalability

At the same time, quality and consistency will improve across launches and geographies, driven by fewer inconsistencies, more systematic challenge and stronger alignment. Productivity within launch teams will also increase, enhancing scalability – for example, enabling experts to manage more assets or indications, boosting efficiency in smaller affiliates and driving an overall uplift in quality.

'Launch teams need a growing suite of modular AI agents that are increasingly being applied earlier in the launch life cycle'

Ultimately, a successful transformation depends on empowering launch teams with the autonomy to operate in agile and adaptive ways, while effectively leveraging AI agents.

AAA launch excellence will enable fast-learning launch teams to make decisions jointly as soon as new information emerges. These teams will need to learn how to involve management early – for example, by validating external and internal triggers for event-driven workflows upfront.

Empowering launch teams

As launch teams increasingly leverage AI agents, it will become more challenging to keep top and functional line management continuously informed and aligned. At the same time, top and line management will take on crucial new responsibilities: shaping the evolving portfolio of AI agents; unlocking investments for their development and validation, and approving their use for both in-market and launch teams. In the long run, AAA launch excellence will require top and line management to empower launch teams even further, enabling continuous learning, real-time sensing, immediate decision-making and rapid execution.

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Pfizer

CECILE GUEGAN

Pfizer has appointed **Cecile Guegan**, currently Senior VP, Finance, Global Biopharmaceutical Business, as Interim Chief Financial Officer (CFO), as of 16 August. Dave Denton, Executive VP and CFO, will step down from his current role and leave the company on 15 August.

Guegan brings more than two decades of experience at Pfizer, amassing deep global financial experience leading finance across a wide range of complex and strategic portfolios, research and development, and several regions. In her current role, she is directly responsible for the financial operations and reporting of Pfizer's biopharmaceutical business across all therapeutic areas and geographies. She has strong financial judgement and a proven track record of leading important enterprise initiatives, including the integration of Seagen into Pfizer in 2024.

Oriva Therapeutics

AGNÈS ARBAT

Oriva Therapeutics has appointed **Agnès Arbat** as CEO. Arbat will also serve as the company's Chief Medical Officer. Arbat brings more than 25 years of experience in the pharmaceutical industry, with a strong track record across clinical development, medical affairs and commercial strategy in women's health. She was previously co-founder and CEO of Oxolife, a specialist biotech focused on female fertility. Prior to that, she led the Women's Health and Cardiovascular medical team at Bayer and worked at Organon in Medical Affairs for Women's Health. Arbat said: "Oriva's assets have the potential to deliver best-in-class treatments for women worldwide suffering from common, painful and debilitating gynaecological conditions."

Ardena

ARIANE DE GANCK

Ardena has appointed **Ariane de Ganck** as Chief Scientific Officer. de Ganck brings a strong track record within Ardena, including her leadership of the company's Drug Product division since 2022 and her recent role as Chief Commercial Officer. Since joining the company in 2019, she has overseen the company's drug product operations and led the successful acquisition and integration of the Ardena Pamplona site. de Ganck's senior management experience spans the CRO and CDMO sectors, with expertise across drug product development, CMC regulatory affairs, biomarkers and laboratory services. Prior to joining Ardena, she worked at Biogazelle, a specialist CRO in biomarker discovery and diagnostics, until its successful sale to CellCarta.

Moderna

PIYALI MUKHERJEE

Moderna has appointed **Piyali Mukherjee** as Head of Medical Affairs, Europe and Middle East. Mukherjee brings more than 25 years of global leadership experience in vaccines, public health and Medical Affairs. Most recently she was VP, Medical Affairs for Asia Pacific at Moderna, focusing on advancing adult vaccination and supporting COVID-19 vaccine policy discussions. Prior to that, she led GSK's Global Medical Affairs Vaccines organisation, where she oversaw major global launches and large scientific and medical teams. She will be based in Switzerland and will report to Francesca Ceddia, CMO. Mukherjee said: "It is a privilege to contribute to advancing mRNA science in ways that support public health priorities across a broad range of diseases.

Cheisi

MARIA PAOLA CHIESI

Chiesi has appointed **Maria Paola Chiesi** as Chair of the Board. She is succeeding Alessandro Chiesi, who is completing his tenure after nearly three years in the role and who will now continue to serve as Vice Chair. This is a planned leadership change to the Board of Directors. The Board unanimously appointed Maria Paola Chiesi as Chair, effective immediately. As a member of the Chiesi family and Board, and through her operational roles over the last 30 years, she has played a central role in shaping the Group's strategic planning and in embedding sustainability as a core driver of business decisions. This appointment also marks an important milestone in the Group's history, as she becomes the first woman to be Chair of Chiesi.

Gates MRI

CHARLES WELLS

The Gates Medical Research Institute (MRI) has appointed **Charles Wells** as Chief Medical Officer (CMO) and Head of Medical Development. He has been serving as interim CMO and head of development since October 2025.

Wells joined the Gates MRI in 2019 as a clinical development leader, then served as Head of Therapeutics Development. He leads Gates MRI's efforts in the PAN-TB Partnership.

Before joining the company, Wells served in executive leadership roles at Sanofi and Evotec. Prior to joining Sanofi, he served as Senior Medical Director and lead clinician at Otsuka Pharmaceuticals. He also previously served as Chief of the International Research and Programs Branch of the Division of Tuberculosis Elimination at the US CDC and in the CDC's Epidemic Intelligence Service.

ZPB Associates

RACHEL ALLAN

ZPB Associates as appointed **Rachel Allan** as Managing Director. Allan joined the agency as a Senior Account Manager in 2016, before being appointed to Delivery Director, a role that she has held since 2020. Allan has over 20 years' experience in healthcare marketing and comms, including at the Department of Health and Social Care (DHSC), NHS England and the Care Quality Commission (CQC). At ZPB, Allan has led teams to deliver award-winning, landmark public health campaigns, through to writing growth strategies and integrated marketing campaigns for private providers, tech companies and multinational healthcare organisations. ZPB has also appointed Milena Marinkovic as Senior Research Analyst to lead on data and marketing analysis, and Hannah Williams in an Insights and Strategy role.

Delphia

DAVID KERSTEIN

Delphia Therapeutics has appointed **David Kerstein** as Chief Medical Officer (CMO). Kerstein brings significant experience in oncology drug development across early- and late-stage precision oncology programmes. He most recently served as CMO of IDRx, a clinical-stage precision oncology company, before its acquisition by GSK in 2025. Prior to that, he was CMO at Theseus Pharmaceuticals and Anchiano Therapeutics. Prior to these roles, Kerstein served as senior medical director in oncology clinical research and lung cancer clinical portfolio strategy lead at Takeda, and senior medical director of clinical research at ARIAD Pharmaceuticals (acquired by Takeda in 2017). Kevin Marks, co-founder, president and CEO of Delphia, said: "With David's strong track record... his leadership will be instrumental in shaping our clinical strategy."

Fondazione Telethon

GRACIANA DIEZ-ROUX

Fondazione Telethon has appointed **Graciana Diez-Roux** as its new Scientific Director. With extensive experience in biomedical research management, the development of international scientific programmes and the coordination of high-impact collaborative projects, Diez-Roux will lead the Foundation's scientific activities with the goal of further strengthening its role as a leading organisation in rare genetic disease research. She has a deep understanding of Fondazione Telethon and the Italian research system. Since 2003, she has held positions of increasing responsibility at the Telethon Institute of Genetics and Medicine in Pozzuoli, where she contributed to the development of the institute's scientific strategy and to the establishment of its Scientific Office.

Broken String Biosciences

BRUCE EATON

Broken String Biosciences has appointed **Bruce Eaton** as Chairman of the Board. Eaton has more than 30 years of experience in the biotech sector, spanning operational, business development and corporate strategy roles for both public and private companies. He has founded and successfully grown multiple companies, including I2 Pharmaceuticals and Velocity Sciences. More recently, as Executive VP, CTO and CBO for Editas Medicine, Eaton oversaw a multidisciplinary team driving a strategic realignment initiative while leading the company's R&D programme in sickle cell anaemia. Now focusing his expertise in an advisory capacity, Bruce is currently Independent Director for Renova Therapeutics, and serves as a Strategic Advisor to biotech companies.

Havas Lynx celebrates 40 years in healthcare comms

Havas Lynx, a healthcare communications agency with a full-service global offering and almost 400 multidisciplinary specialists, is celebrating 40 years in the industry!

Starting out in 1986 as a team of two in Manchester's Northern Quarter, Havas Lynx has much to celebrate, having grown to become an international healthcare communications agency with offices in Manchester, London and New York.

The agency, founded by Stuart Wilson in 1986, brings together fresh perspectives, creative thinking and a progressive approach to partner with clients, healthcare professionals and patients to find solutions for the modern-day healthcare landscape.

"Reaching 40 years is all credit to the brilliant people who've built Havas Lynx and kept pushing us forward," said CEO Claire Knapp.

"This milestone isn't just about how long we've been here, but what we've stood for along the way – making an impact that matters for our brands, our people, and our world. Over four decades the industry has changed dramatically and we've evolved with it – meeting new challenges head-on and rethinking how we work and how we innovate."

After first opening its doors on Oldham Street, as Creative Link, the company rapidly established itself as a trailblazer in the healthcare sector, out-pitching bigger, international marketing and design agencies to win high profile contracts.

Notably, working on the first gold standard Alzheimer's disease treatment, the first fully integrated pharma campaign to harness social media, an EFGR disease awareness campaign that changed NICE guidelines, and the world's first photochromic poster for Cancer Research UK. Not to mention developing the first brain emoji – getting the world talking about brain health in a language we all speak.

The company merged in 2012 with global integrated advertising agency, Havas, and today maintains its position as a leading player in the Havas Health Network. It now employs almost 400 creatives across Manchester, London and New York, making it the biggest creative healthcare department in Europe.

The 2025 launch of Havas Village Manchester, taking up two floors of Bruntwood's No.3 Circle Square, saw Lynx come together with five other Manchester-based Havas agencies, further enhancing collaboration amid the city's talent and creative pool.

Amiculum has become a member of Bionow

Supporting collaboration across the life sciences sector, Amiculum has become a member of Bionow, joining a collaborative community that plays an important role in bringing together life sciences organisations across the north of the UK.

At a time when early-stage innovation is advancing rapidly and development decisions can carry long-term impact, strong regional networks like Bionow are essential for fostering progress and collective learning. The agency is excited to be part of a network that supports connection and knowledge sharing across the region where it has a strong presence, including offices in Manchester, Bollington, Newcastle and Dundee.

Amiculum, an independent healthcare communications agency, has teams in key locations worldwide that amplify the scientific advances that transform healthcare, taking its clients' science and creates evidence-based narratives that ignite understanding and inspire action across the healthcare community.

With 300 team members worldwide, Amiculum works with life-science companies across the globe from the early stages of drug development, helping teams shape clear, strategic foundations that support confident decision-making and drive faster, smoother progression through development milestones.

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