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PHARMACEUTICAL MARKET EUROPE

A rare opportunity – developing
new treatments for rare diseases

Oral GLP-1s – the three waves
of innovation that pharma
leaders should watch



**Using the power of social media
to break down obstacles preventing
improved patient engagement**

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The power of social media

In our cover story this month, Danny Buckland looks at using the power of social media to break down obstacles preventing improved patient engagement.

As Danny says: “Social media is healthcare’s new superhero, full of high-flying promise and an armoury of positive patient and HCP connectivity, working to combat the obstacles standing in the way of improved patient outcomes.

“Its stage is expanding, with an ever-increasing number of search engines and platforms – from TikTok and Instagram to LinkedIn and Reddit – as the big tech players look to embed themselves as part of healthcare’s infrastructure.”
Read more on page 26.

The article by Andrew Pitts looks at the next phase of oral GLP-1s and the three waves of innovation pharma leaders should watch. As Andrew says: “The approval of Eli Lilly’s orforglipron, sold as Foundayo, has changed the discussion around oral GLP-1s. Until recently, the GLP-1 receptor was widely seen as a poor target for conventional small-molecule chemistry.

Injectable peptides proved that the biology worked, but an oral small molecule that could deliver meaningful efficacy remained a much harder proposition. Foundayo’s approval on 1 April 2026 shows that this barrier can be overcome.” Find out more on page 16.

Dan Williams’ article highlights a rare opportunity to incentivise development of new treatments for rare diseases, as investment in rare disease biotechs has increased since the FDA’s Priority Review Voucher (PRV) scheme was renewed. As Dan says: “When a company is awarded a PRV, it is entitled to a cut in drug review times from ten months to six months.” Read more on page 19.

Our December issue will look at the value of patient engagement – creating improved outcomes for both patients and pharma. If you would like to make your voice heard on this topic, please get in touch at sales@pmlive.com

I hope you enjoy this issue!



Iona

Iona Everson
Group Managing Editor

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Fidelity has put 2026 sales at \$1.5bn to \$2.8bn, Citi has forecast peak annual revenues above \$40bn, and Clarivate projects \$11.1bn in obesity sales across the G7 by 2031. If other programmes make it through the clinic, oral GLP-1s could become a genuine class rather than just a single blockbuster product

19-21 DEVELOPING NEW TREATMENTS FOR RARE DISEASES

In 2025, rare diseases were declared a global health priority and investment in rare disease biotech has increased since the FDA's Priority Review Voucher scheme was renewed – a rare opportunity to incentivise new treatments, as around one in 17 people are forecast to be affected by a rare disease during their lifetime, including over 3.5 million people in the UK

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Earlier this year, the UK government widened fast-track endorsement for academic and research appointments – what does this expanded global talent route mean for life sciences?

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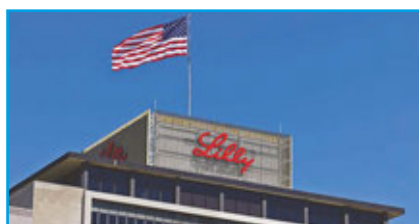
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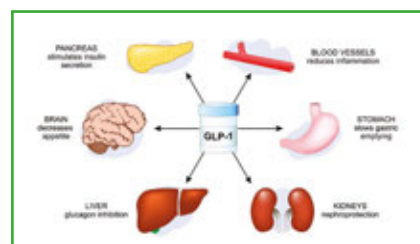
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Shionogi to acquire IntraBio in deal worth \$2bn

Shionogi & Co, headquartered in Osaka, Japan, has agreed to acquire IntraBio, a biopharmaceutical company developing and commercialising therapies for neurodegenerative diseases.

IntraBio would become a wholly owned subsidiary of Shionogi Inc, a New Jersey, US-based subsidiary of Shionogi. The deal would add Aqneursa (levacetylleucine) and IntraBio's capabilities in the rare disease area to Shionogi's growing portfolio.

Aqneursa was approved by the FDA in September 2024 for neurological manifestations of Niemann-Pick disease type C (NPC) in adults and paediatric patients and by the European Medicines Agency (EMA) in January 2026.

It was approved by the FDA to treat Ataxia in adults and paediatric patients diagnosed with Ataxia-Telangiectasia (A-T) in September 2026. Aqneursa is currently under review by the EMA for adult and paediatric patients diagnosed with A-T.

Isao Teshirogi, CEO of Shionogi, said: "Bringing Aqneursa to Shionogi after our acquisition of Radicava will deepen our commitment to rare disease communities, expand our capabilities and strengthen our portfolio as we advance future innovation for patients with significant unmet needs."

Shionogi would acquire global rights, including intellectual property and commercialisation rights, for Aqneursa, which is currently under review by the EMA for adult and paediatric patients diagnosed with A-T.

In addition, IntraBio's rare disease expertise would strengthen Shionogi's capabilities across its rare disease pipeline, including clinical programmes in Pompe disease, Fragile X syndrome and Jordan's syndrome, as well as additional early-stage rare neurodegenerative disease programmes recently added to the pipeline.

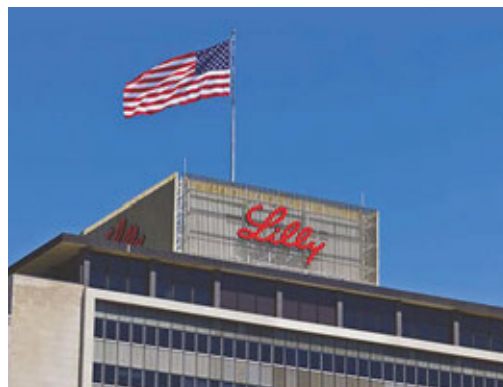
Eli Lilly and InnoCare Pharma agree on \$3.3bn drug research deal

Eli Lilly and InnoCare Pharma, a biopharmaceutical company focusing on the treatment of cancer and autoimmune diseases, have entered into a strategic research collaboration and licence agreement to develop new medicines.

InnoCare will leverage its proprietary drug discovery platform and extensive research experience to discover and advance compounds against up to five targets to address critical unmet medical needs.

Under the terms of the agreement, InnoCare will be eligible to receive up to \$100m in upfront and near-term payments, and up to approximately \$3.25bn in development and commercial milestone payments. In addition, InnoCare will be eligible to receive single-digit tiered royalties based on annual net product sales.

InnoCare is focused on discovering, developing and commercialising innovative drugs for the treatment of cancers and autoimmune diseases, two therapeutic areas with unmet medical needs worldwide. The company has developed a product pipeline comprising three approved drugs (orelabrutinib, tafasitamab and zurletrectinib), more than ten innovative drug candidates in clinical development, and multiple programmes in preclinical stages.



Roche and Dualitas Therapeutics announce research collaboration worth up to \$1bn

Roche and Dualitas Therapeutics, a biotechnology company developing next-generation bispecific antibody therapies for immunology and inflammation (I&I) diseases, have announced a research collaboration and licence agreement with to advance novel bispecific antibodies for I&I diseases.

In what is believed to be one of the largest-scale bispecific discovery endeavours, Dualitas will use its DualScreen Bispecific Discovery Engine to functionally screen over 300,000 novel bispecific combinations to discover and develop bispecific antibody (BsAb) therapeutics. Roche will be responsible for all subsequent preclinical development, regulatory, manufacturing and commercial activities.

Under the terms of the agreement, Roche will pay Dualitas \$36.5m upfront,



with additional research, development and commercial milestone payments for a potential total deal value of up to \$1bn, in addition to tiered royalties.

The collaboration will leverage Dualitas' expertise in proximity biology to develop BsAb candidates with synergistic activities that are unattainable with conventional therapeutics.

FDA issues filing acceptance for fenebrutinib for MS

The US FDA has issued a filing acceptance under priority review for a New Drug Application for Roche's fenebrutinib as a treatment for patients with relapsing multiple sclerosis (RMS) and primary progressive multiple sclerosis (PPMS).

Fenebrutinib became the first investigational medicine in more than a decade to slow disability progression in a phase 3 PPMS trial, with numerical benefit vs Ocrevus. Fenebrutinib cut relapses by 51% and 58% vs teriflunomide in phase 3 RMS trials while showing a consistent, positive trend in delaying disability.

Fenebrutinib is designed to address two drivers of MS – acute inflammation causing relapses and chronic brain inflammation driving disability progression. If approved, fenebrutinib would become the first BTK inhibitor and first high-efficacy oral treatment for both RMS and PPMS, offering a new option for the nearly one million Americans living with MS.

MS is a chronic disease that affects more than three million people worldwide. People with all forms of MS experience disease progression from the beginning of their disease. Therefore, an important goal of treating MS is to slow, stop and ideally prevent progression as early as possible.

Concurrently addressing the life-disrupting relapses and long-term disease progression – the slow, steady loss of physical and mental abilities over time – remains one of the greatest challenges in MS. Fenebrutinib is designed to act throughout the body and to cross the blood-brain barrier into the central nervous system to target both the acute inflammation that causes relapses and the chronic inflammation that is thought to drive disability progression.



Approximately 85% of people with MS are initially diagnosed with relapsing-remitting multiple sclerosis (RRMS). Relapsing forms of the disease (RMS) include RRMS and active secondary progressive MS, and people with RMS experience relapses and worsening disability over time. Primary progressive multiple sclerosis (PPMS) is a debilitating form of the disease marked by steadily worsening symptoms but typically without distinct relapses or periods of remission.

Approximately 15% of people with multiple sclerosis are diagnosed with the primary progressive form of the disease. Until the FDA approval of Ocrevus, there had been no FDA-approved treatments for PPMS, and Ocrevus is still the only approved treatment for PPMS.

AstraZeneca announces Tagrisso's long-term results in lung cancer

AstraZeneca has announced results from the ADAURA phase 3 trial showing Tagrisso (osimertinib) demonstrated a sustained, clinically meaningful overall survival (OS) benefit at eight years compared to placebo. This OS benefit was seen in patients with early-stage epidermal growth factor receptor-mutated (EGFRm) non-small cell lung cancer (NSCLC) after complete tumour resection.

Lung cancer is the leading cause of cancer death globally, accounting for almost one in five (19%) cancer deaths. Lung cancer is broadly split into NSCLC and small cell lung cancer, with 80-85% of patients diagnosed with NSCLC.

At eight years of follow-up, results showed that Tagrisso continued to show an OS benefit, reducing the risk of death compared to placebo by 47% in the primary population. In the overall trial population, Tagrisso reduced the risk of death compared to placebo by 48%.

An estimated 74% of patients treated with Tagrisso were alive at eight years versus 58% of those treated with placebo in the primary population. In the overall trial population, an estimated 79% of patients treated with Tagrisso were alive at eight years versus 64% of those treated with placebo.





Results for Imfinzi plus Imdelltra in extensive-stage small cell lung cancer

AstraZeneca and Amgen have shared phase 3 results for Imfinzi plus Imdelltra in extensive-stage small cell lung cancer (ES-SCLC). The DeLLphi-305 phase 3 trial showed AstraZeneca's Imfinzi (durvalumab) plus Amgen's Imdelltra (tarlatamab) demonstrated a statistically significant and highly clinically meaningful improvement in overall survival (OS) versus Imfinzi alone as a first-line maintenance treatment.

In 2026, an estimated 195,000 people globally will be treated for ES-SCLC, a highly aggressive, fast-growing form of lung cancer characterised by rapid tumour progression and metastatic spread to organs such as the brain and liver. Immune checkpoint inhibitors such as Imfinzi have led to significant improvements in OS in ES-SCLC, establishing a first-line standard of care. However, many patients still experience disease progression due to the aggressive nature of the disease and median OS with the current standard of care is approximately one year.

The trial included patients with ES-SCLC who had not progressed following standard induction treatment with Imfinzi in combination with platinum chemotherapy (either carboplatin or cisplatin) and etoposide.

Imfinzi plus tarlatamab also demonstrated a statistically significant improvement in progression-free survival (PFS) and objective response rate.

NICE recommends J&J's Darzalex combination for untreated multiple myeloma

The National Institute for Health and Care Excellence (NICE) has published Final Draft Guidance recommending Johnson & Johnson (J&J)'s Darzalex (daratumumab) plus bortezomib, lenalidomide and dexamethasone (D-VRd) followed by daratumumab plus lenalidomide maintenance treatment for previously untreated multiple myeloma in adults when an autologous stem cell transplant (ASCT) is suitable.

NICE's guidance states that D-VRd can be used for people who have received daratumumab plus bortezomib, thalidomide and dexamethasone induction and consolidation treatment and who have not yet started maintenance treatment, expanding the eligible pool of patients. Importantly, NICE has also recommended an innovative minimal residual disease (MRD)-guided approach to treatment.



Around 33,000 people in the UK are currently living with multiple myeloma, an incurable type of blood cancer. As a relapsing-remitting condition, myeloma becomes more resistant to treatment over time. With every relapse, each line of treatment is less effective than the last, making it vital that patients receive the most effective therapy at first-line when they are most likely to benefit. The disease carries a large psychological impact because of the constant possibility of relapse.

MHRA approves Pharma Mar's Zepzelca for small cell lung cancer

The Medicines and Healthcare products Regulatory Agency (MHRA) has approved Pharma Mar's Zepzelca (lurbinectedin) to treat adults with extensive-stage small cell lung cancer (SCLC).

The treatment is in combination with atezolizumab as maintenance treatment in adults whose cancer has not progressed following first-line induction therapy with atezolizumab, carboplatin and etoposide. The treatment is given as an intravenous infusion over one hour. The recommended dose is administered once every 21 days.

Lurbinectedin works by attaching to DNA inside cancer cells. This damages the DNA and interferes with the growth and multiplication of cancer cells, leading to cancer cell death. It also reduces the activity of certain immune cells that help tumours grow.



The approval was based on a main study involving 483 adults with extensive-stage SCLC. Patients receiving lurbinectedin in combination with atezolizumab as maintenance treatment lived for an average of 13.2 months, compared with 10.6 months for those receiving atezolizumab alone. Patients receiving lurbinectedin plus atezolizumab also lived for an average of 5.4 months without their disease getting worse, compared with 2.1 months for those receiving atezolizumab alone.



Pfizer/BioNTech's COVID-19 vaccine approved by US FDA

Pfizer/BioNTech's XFG-adapted COVID-19 vaccine has been approved by the US FDA, with the companies announcing the approval of the supplemental Biologics License Application (sBLA) for their 2026-2027 COVID-19 vaccine formula.

The formula targets the XFG variant and is suitable for adults aged 65 years and older, as well as in those aged from five to 64 years with at least one underlying condition that puts them at high risk for severe outcomes from COVID-19.

The FDA approval is based on evidence previously submitted by Pfizer and BioNTech that includes clinical, non-clinical and real-world data supporting the

safety and effectiveness of COMIRNATY, as well as manufacturing/quality and non-clinical data showing that the XFG-adapted COVID-19 vaccine generated strong immune responses against currently circulating SARS-CoV-2 variants.

The selection of the XFG variant is based on guidance from the FDA as the preferred composition of COVID-19 vaccines for use in the US beginning in autumn 2026. The vaccine will be available in pharmacies, hospitals and clinics across the US.

To date, more than five billion doses of COMIRNATY have been distributed globally and it continues to demonstrate a favourable safety and efficacy profile.

Moderna's updated COVID-19 mRNA vaccine approved by MHRA

Moderna has announced that the UK Medicines and Healthcare products Regulatory Agency (MHRA) has authorised its updated COVID-19 mRNA vaccine, Spikevax, targeting the SARS-CoV-2 XFG variant, for adults and children aged six months and above.

The MITC was officially opened in September 2025 as part of Moderna's ten-year strategic partnership with the UK government, managed by the UK Health Security Agency (UKHSA). As well as supporting seasonal vaccination, the partnership is designed to strengthen the UK's pandemic preparedness through advanced manufacturing capability, a skilled workforce and greater resilience against future biological threats. Additionally, Moderna's investment in UK research is giving patients earlier access to cutting-edge research, strengthening clinical capability and supporting high-value scientific employment across the country.

The MHRA approval is consistent with Joint Committee on Vaccination and Immunisation (JCVI) guidance that, where possible, the latest updated COVID-19 vaccine should be used in vaccination campaigns, provided this does not delay the start of the campaign. The JCVI notes that COVID-19 vaccines are expected to continue to be updated on a yearly basis to better match circulating variants.



NICE recommends Ogsiveo to treat rare soft tissue tumours

The National Institute for Health and Care Excellence (NICE) has recommended Merck Healthcare's Ogsiveo (nirogacestat) to treat adults with progressing desmoid tumours who require systemic treatment.

Desmoid tumours, also known as desmoid-type fibromatosis, are rare soft tissue tumours that have a reported annual incidence of approximately two to four cases per million people. In the UK, there are an estimated 340-410 new cases each year. They predominantly occur in adults aged 30-40 years and are more common in women.

Ogsiveo is the first and only systemic therapy approved in England to treat this invasive and often debilitating condition. In the phase 3 DeFi study, Ogsiveo demonstrated tumour reduction, as well as improvements in pain and quality of life.

Desmoid tumours often present as a firm or palpable lump. Symptoms vary according to the tumour location and may



include pain, swelling, reduced mobility, difficulty carrying out day-to-day activities and fatigue. For some people, the pain and symptoms associated with desmoid tumours may significantly affect their mental well-being, causing anxiety, depression, fear and uncertainty about the future, as well as concerns regarding body image.

DERMATOLOGY NEWS

Lilly gets FDA approval for severe hair loss in paediatric patients

Eli Lilly's Olumiant (baricitinib) has received FDA approval as a once-daily pill to treat paediatric patients 12 years of age and older with severe hair loss (alopecia areata) (AA). The approval builds on Olumiant's established use in adults with moderately to severely active rheumatoid arthritis and severe alopecia areata (AA).

AA is a chronic immune-mediated disease that causes unpredictable hair loss. As many as 2% of people develop AA at some point in their lives, and nearly 40% of cases occur before the age of 20. Early-onset AA can be more severe and lead to extensive hair loss.

The FDA approval is based on 36-week data from the adolescent cohort (ages 12 to under 18) of BRAVE-AA-PEDS, the first and largest phase 3 study specifically designed to evaluate paediatric patients with severe AA. At baseline, the median Severity of Alopecia Tool (SALT) score was 100, indicating complete scalp hair loss, and patients had been living with AA for a mean of 6.4 years.

At Week 36, treatment with once-daily Olumiant delivered:

- 80% or more scalp hair coverage, as measured by a SALT score ≤ 20 , in 42% of patients treated with Olumiant 4mg and 27% treated with Olumiant 2 mg, compared with 5% receiving placebo.

- 90% or more scalp hair coverage, as measured by a SALT score ≤ 10 , in 37% of patients treated with Olumiant 4mg and 21% treated with Olumiant 2mg, compared with 2% receiving placebo.

- Improved eyebrow and eyelash coverage among patients with substantial eyebrow and eyelash hair loss at baseline treated with Olumiant 4mg.

The overall safety profile observed in paediatric patients 12 years of age and older with severe AA is consistent with the safety profile in adults with severe AA. The FDA-approved labelling for Olumiant



includes a boxed warning for risk of serious infections, mortality, malignancy, major adverse cardiovascular events (MACE) and thrombosis.

In 2022, the FDA approved Olumiant for adult patients with severe AA, making it the first systemic treatment approved in the US for this condition. In April 2026, the European Commission also approved Olumiant for the treatment of adolescents (ages 12 to under 18) with severe AA.

MSD announces results for moderate -to-severe hidradenitis suppurativa

MSD, known as Merck in the US and Canada, has announced the first presentation of results from MK-7240-012, a phase 2b multicentre, randomised, double-blind, placebo-controlled trial evaluating tulusokibart, an investigational humanised monoclonal antibody targeting tumour necrosis factor-like cytokine 1A (TL1A), in patients with moderate-to-severe hidradenitis suppurativa (HS).

The results mark the first positive phase 2 data for an anti-TL1A monoclonal antibody in dermatology, with the data

presented in a Late-Breaking News session at the European Academy of Dermatology and Venereology (EADV) 2026 Congress.

The study met its primary endpoint of Hidradenitis Suppurativa Clinical Response 50 (HiSCR50) at week 16 for patients treated with both high-dose and medium-dose tulusokibart regimens, demonstrating superiority over placebo. Specifically, 72% of patients in the high-dose group and 64% in the medium-dose group achieved HiSCR50, representing a 37% and 29% improvement over



the placebo group, respectively. In an exploratory analysis, the low-dose group achieved a 52% response rate, a 17% improvement over placebo. There was comparable safety between tulusokibart and placebo groups in this trial.

FDA approves Priovant's Lisraya as oral treatment for dermatomyositis

The US FDA has approved Priovant Therapeutics' Lisraya (brepocitinib) tablets to treat dermatomyositis in adults. Lisraya is the first FDA-approved oral treatment option for patients with dermatomyositis, addressing the high unmet need for this rare disease.

Dermatomyositis is a rare autoimmune disease in which the immune system attacks the muscles and skin, causing chronic inflammation, progressive muscle weakness and distinctive skin rashes.

For decades, dermatomyositis patients have had limited treatment options to manage their symptoms. The approval of Lisraya offers patients an important new alternative by providing an effective oral treatment option.

Lisraya is a once-daily oral tablet that works as a Janus kinase (JAK/TYK2) inhibitor. By blocking JAK pathways, which play a key role in the body's immune and inflammatory responses, Lisraya helps reduce the harmful inflammation that damages the muscles and skin, offering an effective new option for disease control.

The efficacy and safety of Lisraya were evaluated in a phase 3 randomised, double-blind, multicentre, placebo-controlled study that included 241 adults with dermatomyositis. Participants were randomised to receive Lisraya 30mg once daily, brepocitinib 15mg once daily or placebo for a 52-week treatment period. The study measured Total Improvement Score (TIS) at week 52, a standardised scoring tool that tracks changes across six areas (muscle strength, physical function, skin and other disease activity, muscle enzymes, and both physician and patient assessments of overall health) to assess how much a patient's dermatomyositis has improved.



Participants treated with Lisraya 30mg had a higher average TIS score (indicating greater clinical response and disease control) at week 52 compared to those who received a placebo. They also showed improvements in physical function and skin disease activity and were more likely to reduce corticosteroid use by week 48.

"For too long, patients with dermatomyositis have faced a significant unmet need for effective treatments, often relying on therapies meant for other diseases," said Nikolay Nikolov, Director of the Office of Immunology and Inflammation at the FDA's Center for Drug Evaluation and Research. "This approval is a meaningful step forward, giving patients and their healthcare providers an approved oral therapy proven to help manage this rare and debilitating disease."

Galderma's Nemluvio results in moderate-to-severe atopic dermatitis

Galderma has shared new three-year data from the ARCADIA long-term extension study, demonstrating that Nemluvio is well tolerated and associated with sustained and continuous improvements in skin lesions, itch, sleep disturbance and quality of life in adults and adolescents with moderate-to-severe atopic dermatitis.

The study assesses the long-term safety and efficacy of Nemluvio in adults and adolescents aged ≥ 12 years with moderate-to-severe atopic dermatitis for up to 200 weeks. Additional analyses further establish itch and skin lesions as central drivers of sleep disturbance and overall quality of life impairment in prurigo nodularis and atopic dermatitis.

The findings, shared at EADV 2026, show that up to 91% of patients achieved at least 75% improvement in eczema severity, up to 67% achieved near-complete skin clearance, and approximately 90% reported clinically meaningful improvements in itch and quality of life at Week 152.

Nemluvio is the first approved monoclonal antibody that specifically targets and inhibits the signalling of IL-31 – a neuroimmune cytokine that drives itch and is involved in inflammation and epidermal dysregulation in both atopic dermatitis and prurigo nodularis and in fibrosis in prurigo nodularis.



BRIAN D SMITH

DARWIN'S MEDICINE

TAKING SIDES



Your colleagues are also your competitors

The team picture was typical of LinkedIn: a smiling group, portrayed as best friends who just happened to be a cross-functional launch team. Happy, harmonious and... hopelessly staged. Only days before, I'd watched this same team struggle through a meeting marked by tension and territoriality. And yet I also knew that while this particular team was riven with conflict, a significant minority of teams are genuinely cohesive. This column is about why harmony emerges in some teams and conflict in others, and what the science of human groups tells us about how to manage your own team.

Beneath the smiles

To understand team dynamics, it helps to be a poker player. Look around the meeting room when, for example, the brand lead speaks and notice the tiny tells: the slight eyebrow lift from Medical, the tight smile from Market Access, the Sales director's arms folded just a little too tightly. It's all very polite but there isn't agreement or even constructive disagreement. Decades ago, corporate cultures tolerated raised voices and direct conflict. Today, as recent research has shown, workplace norms have shifted towards relational harmony and emotional smoothness. These are often described as 'feminised' cultural traits, not because they belong to women but because they emphasise warmth, agreeableness and conflict avoidance. The result is predictable: disagreement goes underground. Colleagues who disagree with you are more likely to block ideas, slow things down and subtly withhold information. The fact that they smile while doing it doesn't mean it isn't intra-organisational conflict.

Comprehending conflict

In my research, I've found that guerilla wars between departments are pervasive, persistent and pernicious. They lead to weak, watered-down strategies that are implemented feebly, if at all. And yet, in the minority of teams, conflict is not only avoided but diverted into constructive challenges that strengthen strategy. Clearly, these differences are something that management researchers should investigate, which they have done, extensively. Their proximate explanation is that we align more strongly to our work group than to the wider organisation and, when disagreement arises, we take sides. This explanation rests on two substantial and well-established bodies of research. First, social identity theory: group membership shapes behaviour and in-group loyalty and out-group bias emerge rapidly. Second, resource dependence theory: power comes from resources, groups seek autonomy and this creates intra-organisational conflict. The scientific conclusion is sound, if unsurprising: a large life sciences company that is always one big happy team working together to improve human well-being is a fantasy.

Deep roots

Science is at its strongest when very different perspectives converge and, in this case, the organisational psychologists and the evolutionary anthropologists nod at each other in vigorous agreement. The evolutionary backbone of social identity theory is that humans evolved coalitional psychology: in ancestral



environments, survival depended on alliances, shared labour and coordinated defence. Hence the tendency to form groups, favour in-group members and compete with out-groups.

Our minds evolved to detect group boundaries, conform to group norms and treat group membership as central to our identity. Moving from the savannah to the C-suite, departments inside companies behave the same way. They are not just organisational units, they are coalitions. Their members show the same in-group loyalty, out-group suspicion and resource competition that evolutionary psychologists describe. Get deep into this literature, as I have had to, and you quickly understand that social identity theory is not just a psychological model. It is a modern expression of ancient human behaviour.

Fixing fighting

If the science sounds hopeless, suggesting that departments are hard-wired to fight, I have some good news. We evolved to cooperate as well as to conflict. Human coalitions have always balanced the two. Groups compete when their interests diverge, but they collaborate when they share a fate. The management implication is simple. You cannot eliminate tribal dynamics, but you can shape them. Teams become happier and more cohesive when leaders reduce resource dependence, clarify decision rights and create shared meaning.

In practice, that means building strategy together, aligning incentives and removing the ambiguities that make people take sides. It also means recognising that harmony is not achieved by suppressing disagreement, but by creating conditions where disagreement strengthens rather than weakens the team. The most effective leaders do not pretend their colleagues are always aligned. They make alignment worth having. Harmony isn't the absence of conflict. It is the presence of shared purpose. And, as ever, evolution shows us that coalitions thrive when they know what they are fighting for.

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EMMA KENNY

CLIMATE CHANGE – THE NEW PANDEMIC?



The health threat posed by increasing environmental pressures requires broad-based action

As we exit a summer of heatwaves, changes to our climate feel very immediate. Many of us will have felt the impact of the high temperatures on our health, from difficulties sleeping to lethargy and headaches. But the intersection between climate change and health goes far deeper.

Climate change is already affecting health worldwide: it both amplifies existing health problems and creates new ones. The effects are direct (eg, heatwaves, flooding) and also indirect (eg, disruption of medical supply chains, increased risk of viral contamination of blood donations, food and water insecurity). Notably, climate-induced changes are not felt equally, with the greatest impact often falling on vulnerable populations such as those with pre-existing chronic health conditions, the young and elderly, pregnant women and low-income communities. The impact also varies based on factors such as geography and occupation.

Clearly, climate change is no longer simply an environmental challenge, but rather a growing clinical and public-health challenge. A challenge that is already evident in clinics today. While tackling the health threat posed by increasing environmental pressures clearly requires broad-based action, what role does the pharmaceutical sector have to play?

Heat: a key threat to health

Heat is one of the greatest climate-related threats to health, with data from the World Health Organization showing that temperature-related mortality has increased significantly over the past decades, and the prediction is for this to worsen in the future. Rising temperatures affect health in other ways too, from increasing the risk of preterm births, exacerbating cardiovascular and kidney disease, to potential worsening of the severity of allergies due to longer pollen seasons and changes in pollen production.

Rising temperatures, together with other climate-related changes, are also influencing the spread of infectious diseases. Warming trends are linked to an increased risk of tick-borne conditions such as Lyme disease as well as leading to changes in the distribution of such diseases, with more cases being reported at higher altitudes and latitudes. Similar changes are also predicted for other infectious diseases such as dengue.



Changes in temperature can heighten the risk of food-borne diseases too, by creating more favourable conditions for bacterial growth.

Air pollution: where climate and health collide

Air pollution provides perhaps the clearest illustration of the relationship between environmental and human health. Fossil-fuel combustion is a major driver of both climate change and air pollution, while a changing climate can itself worsen some forms of pollution, including through heat-related increases in ground-level ozone and wildfire smoke. The health consequences are substantial: air pollution is associated with premature mortality and adversely impacts respiratory and cardiovascular disease, cancer, diabetes and neonatal outcomes.

A vicious cycle

Earlier I described an intersection between climate change and health, but perhaps a more accurate description would be a vicious circle. By way of a simple, everyday example, heatwaves and air pollution tend to lead people to reduce their physical activity, which in turn is not good news for staying healthy and nor is it good for the climate as it means we are more likely to jump in the car versus cycle to work. To take a bigger picture example, climate change increases the burden of disease and puts additional pressure on health systems; healthcare then has its own environmental footprint.

Where are the opportunities for breaking the cycle?

A key action all individuals and organisations can take to improve the future of global health is to reduce our environmental footprint. But for those of us within the pharmaceutical sector, this is not simply a question of environmental responsibility. Climate change has the potential to change the disease landscape, influence patient needs and place new pressures on healthcare systems.

The pharmaceutical sector has an opportunity to anticipate changing health needs brought about by increasing environmental pressures and shape pipelines and scale production accordingly, consider how medicines can help patients manage climate-sensitive conditions, support vulnerable patient populations and help tackle health inequalities.

Surprisingly, despite the profound implications of climate change for human health, engagement across stakeholders appears to be declining. The pharmaceutical sector is ideally positioned to add its voice to those of others in raising awareness of climate change as a health emergency and communicating the health benefits of climate action. Indeed, would making climate change a health story help drive greater action?

Emma Kenny is CEO of the Healthcare Communications Association and a communications consultant

MAXINE SMITH

A FIVE-STEP FRAMEWORK FOR PRECISION LAUNCH



The decisions that will have the greatest influence on performance

Pharma has spent years making launch harder to get wrong, with tighter governance, more rigorous readiness and more disciplined execution. Those advances have undoubtedly raised the industry standard, as well as increasing confidence in the launch process, even when confidence in the strategy is less certain.

Applying the same framework to every launch may well create consistency, but it does not reflect the different risks each product faces. A rare disease therapy that depends on identifying previously undiagnosed patients faces different challenges from a late entrant in an established market. An access-constrained medicine requires a different approach from a category creator seeking to change clinical practice.

At Prescient, we have identified the next opportunity as 'Precision Launch'. It focuses launch effort on the decisions, assumptions and moments that will have the greatest influence on performance. Here, I summarise this approach in five steps.

1. Start with the launch archetype

Every launch has a distinct risk profile. Before assessing readiness, leaders should identify the type of launch they are preparing for.

A rare disease launch depends on diagnosis and patient finding. A competitor-shadowed entrant relies on differentiation. An access-constrained product succeeds through evidence generation and reimbursement strategy, while a category creator must build new clinical behaviours before demand can develop.

Archotyping highlights where conventional launch practices are sufficient and where additional focus is needed. It provides the context for prioritising effort throughout the launch.

2. Focus on the 'must-win' moments

Every launch contains hundreds of activities, but only a small number of decisions materially influence its trajectory – and those decisions will be specific, influenced by individual launch parameters.

We call these 'Must-Win Moments' and they might include identifying the first eligible patients, securing reimbursement, changing prescribing behaviour or



responding to an unexpected competitive move. Success in these moments creates momentum for everything that follows.

Readiness should reflect how well the organisation is prepared for these pivotal decisions. Routine activities still require discipline, clear ownership and defined milestones. Leadership attention should concentrate on the moments that carry the greatest strategic weight.

3. Build decision architecture

For every Must-Win Moment, teams should define the decision to be made, the assumptions supporting it, the evidence behind those assumptions, the signals that would challenge them and who has the authority to respond.

Making assumptions explicit strengthens decision quality and creates a shared understanding of when the strategy should be revisited. Scenario testing, benchmarking and rehearsal expose weaknesses before they appear in the market and allow teams to prepare responses in advance.

4. Create a common backbone with local flexibility

Precision Launch depends on consistency across markets. Global teams should define the strategic intent, critical assumptions, evidence standards and non-negotiable decisions that hold the launch together.

Markets should adapt that backbone to local healthcare systems, treatment pathways, competitive dynamics and access realities. Clear guidance on

where adaptation is expected allows markets to respond confidently while preserving strategic alignment.

5. Turn dashboards into decision systems

Most launch dashboards measure activity and outcomes. Precision Launch also tracks the assumptions that underpin strategy.

Leading indicators such as patient identification, referral behaviour, payer engagement or emerging field objections should have predefined thresholds, named owners and agreed actions. The purpose is to recognise when the evidence is changing and respond while there is still time to influence the launch trajectory.

So, how do we move on from the universal launch playbook?

The universal launch playbook has served the industry well. The next source of advantage lies in Precision Launch, recognising that different launches demand different priorities and creating the governance and culture to adapt as evidence evolves. Decision rights should enable rapid action and constructive challenge should be encouraged before certainty becomes embedded. Teams need the confidence to revisit assumptions and the authority to course-correct when circumstances change. These capabilities will define the most successful launches of the future.

Maxine Smith is Head of Practice – Partner at Prescient

ALICE CHOI

THE POWER OF ROLE MODELLING: LEADING WITH HEART



Role modelling works because it is deeply human: we look to each other for courage, reassurance and permission to try

Every healthcare communicator has sat through a meeting in which we believe we are sharing compelling data. Fifty-seven slides later, the audience nods politely, then carries on exactly as before – nothing changes.

Here's the truth: people don't change because of what we tell them. They change because of who they watch. Role modelling is one of the oldest forces in human behaviour, and one of the most underused in our industry, client-side and agency-side alike. It works because it is deeply human: we look to each other for courage, reassurance and permission to try.

Why we copy people, not messages

In the 1960s, psychologist Albert Bandura showed that people learn by watching others, especially those they see as similar or credible. His famous experiments had children copying adults who attacked a Bobo doll. If you've ever watched a team react to their competitors, this will feel strangely familiar.

Bandura found we copy behaviour when we can see it, believe we could do it ourselves and see it rewarded. That middle ingredient, self-efficacy, sits at the heart of most health behaviour.

This is why facts alone rarely work. Patients may know daily adherence matters, yet treat their medication like a gym membership: full of good intentions, rarely used (I've been there!). Seeing someone with the same condition, the same chaotic life and the same doubts succeed turns 'you should' into 'people like you do'.

Role models in pharma communications

Role models already appear across the patient and professional journey, often without a name badge:

- **Patient ambassadors** – real patients sharing how they started treatment, handled side effects or spoke up with their doctor can reduce fear and stigma. Nobody believes a patient who looks fresh from a shampoo advert
- **Peer clinicians** – GPs and consultants listen to respected colleagues far more than to brand claims. One trusted peer explaining how eligible patients are identified is worth a dozen detail aids
- **Carers and families** – in dementia or childhood illness, the carers are often the real decision-makers. Show them coping well and others will follow.



The sweet spot is relatable enough to feel real and successful enough to inspire. Too perfect, and audiences roll their eyes. Too ordinary, and they're forgotten before the ad break ends.

Leading by example, client-side and agency-side

People copy leaders far more than policies, as the 40-page SOP nobody has opened since 2019 proves.

A leader who checks claims carefully, credits medical colleagues and keeps patients at the centre of every meeting shapes culture better than any compliance module. On the agency side, if the creative director treats regulatory feedback as useful rather than a personal attack, the whole studio learns to do the same.

This is something I believe in deeply. From my own personal perspective, I know how much it matters to see someone in your likeness already doing what you hope to do. People rarely aim for a role they can't picture themselves in. When they see someone like them leading, presenting or winning the pitch, the impossible starts to look like a plan.

Small moments matter most: how a leader handles a mistake, a tough question from a doctor, or a client who wants the logo to be bigger. In the end, behaviour is the message.

Handle with care

We all know the codes. The harder question is whether our role models are allowed to be human:

- **Show the struggle, not just the highlights** – patients who've never had a bad day aren't role models; they're a brochure
- **Make representation real** – one diverse face on a stock-photo slide changes nothing. Across Europe, audiences need to see many ages, cultures and backgrounds, again and again
- **Look after your role models** – visible patients and leaders carry a load. Support them, and don't make them your only answer.

Over-polish a role model and the magic disappears.

So...

People rarely change because they're told to. They change because they see someone they relate to do it first, and do it well.

Choose role models carefully, tell their stories truthfully and model the right behaviour in your own teams. Lead with heart as well as evidence, and remember there is a person behind every data point. Do that, and you won't just communicate change. You'll make it contagious, in the only way our industry fully approves of.

Alice Choi is Chief Operating Officer at Present AI and Co-Chair of the *Communiqué* Awards

The next phase of oral GLP-1s

Three waves of innovation pharma leaders should watch

By Andrew Pitts



The approval of Eli Lilly's orforglipron, sold as Foundayo, has changed the discussion around oral GLP-1s. Until recently, the GLP-1 receptor was widely seen as a poor target for conventional small-molecule chemistry. Injectable peptides proved that the biology worked, but an oral small molecule that could deliver meaningful efficacy remained a much harder proposition. Foundayo's approval on 1 April 2026 shows that this barrier can be overcome.

The commercial forecasts explain the excitement, Fidelity has put 2026 sales at \$1.5bn to \$2.8bn, Citi has forecast peak annual revenues above \$40bn, and Clarivate projects \$11.1bn in obesity sales across the G7 by 2031. After years in which the category has been shaped by peptide manufacturing constraints, injector supply and access problems, a tablet is an attractive prospect.

However, no sooner had the breakthrough been achieved, than thoughts moved to what the broader small-molecule GLP-1 agonist landscape will look like as it matures. Foundayo is unlikely to sit alone for long. If other programmes make it through the clinic, oral GLP-1s could become a genuine class rather than just a single blockbuster product. While this would change the commercial equation, it would also change the scientific and patent questions companies need to think about now.

Wave one: a widening field and the first real price competition

Although no other applications for approval are currently pending and the successful completion of clinical trials is not a certainty, Foundayo will not be the only approved small-molecule GLP-1 agonist for long. Structure Therapeutics' aleniglipron is one of the clearest frontrunners. Data from the ACCESS II trial published in June 2026 showed dose-dependent, clinically meaningful weight loss with continued reduction beyond 36 weeks, up to 16.2% during the open-label extension, alongside a favourable tolerability profile and an overall 10.4% discontinuation rate.

That places aleniglipron among the most efficacious oral GLP-1 candidates reported to date, and the company has received positive end-of-phase 2 feedback from the FDA and anticipates initiating its phase 3 programme in Q3 2026.

'Fidelity has put 2026 sales at \$1.5bn to \$2.8bn, Citi has forecast peak annual revenues above \$40bn, and Clarivate projects \$11.1bn in obesity sales across the G7 by 2031'

For executives, the take-home is straightforward: within roughly three years, the oral small-molecule subclass is likely to have multiple approved members rather than one. That is when genuine price competition arrives, first in cash-pay and lower-income markets, where injectable logistics and refrigeration costs have always been hardest to sustain, and then gradually into reimbursed markets as patients gain leverage from having alternatives. Boards positioning against this wave should be asking now whether their obesity and diabetes strategies shortsightedly assume a Foundayo-shaped monopoly, because that will not last forever.

Wave two: combinations, beyond single molecules to polypharmacology

Obesity is a multifactorial disease, which is one reason injectable GLP-1 development has moved towards drugs that act on more than one receptor. The injectable peptide solved the demand for greater efficacy through single-molecule multi-receptor agonism, with tirzepatide (GLP-1/GIP) and retatrutide (GLP-1/GIP/glucagon) being the clearest examples that were engineered as single hybridised peptide sequences.

Small molecules cannot easily follow that path; there is no obvious chemical

analogue to sequence hybridisation, and balanced multi-receptor agonism is difficult to engineer into one compound. The small-molecule answer is instead likely to be combination therapy.

Structure Therapeutics is already pursuing oral amylin candidates, ACCG-2671 and ACCG-3535, for possible fixed-dose pairing with its GLP-1 programme. It is also working at an earlier stage on GIP, glucagon and apelin receptor agonists.

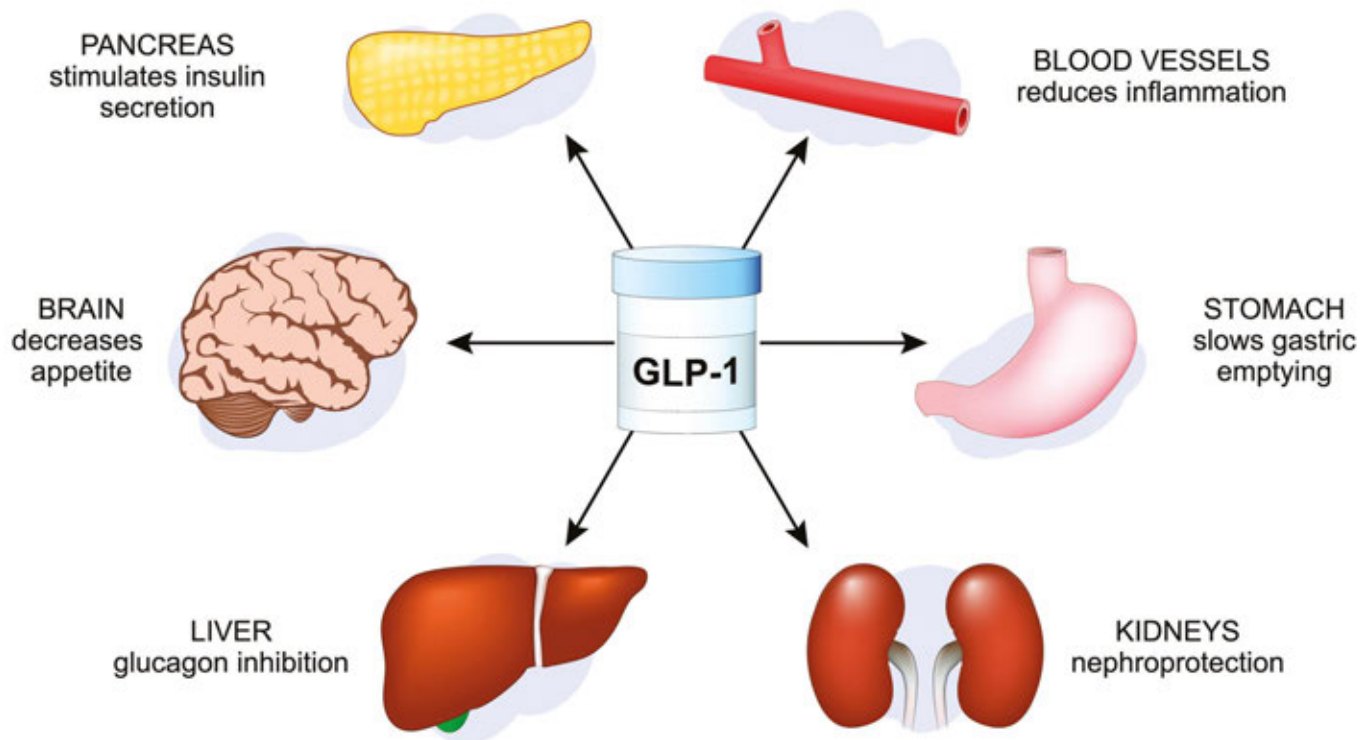
Amylin is especially interesting because weight loss is not simply about how much weight patients lose. The composition of that loss matters too; older patients, in particular, may be vulnerable to loss of muscle mass and sarcopenia. Combinations with other muscle-preserving compounds are also an attractive proposition, including myostatin inhibitors and activin receptor antibodies (such as bimagrumab), which work by blocking the signalling pathways that restrain muscle growth.

In Eli Lilly's phase 2 BELIEVE trial, published in March 2026, bimagrumab combination groups showed a small increase above baseline in lean mass and largely preserved lean mass relative to semaglutide-only groups. Selective androgen receptor modulators are also of interest to promote anabolic activity with fewer side effects than traditional androgens, such as testosterone.

For pharma companies, this means that the next race may be about assembling the right pairing, rather than squeezing every possible benefit out of a single molecule.

It also matters for corporate development: expect more licensing deals structured around backbone-plus-partner combinations, such as some that have recently been reported where there is an upfront deal relating to the backbone GLP-1 drug with milestone payments and royalties that will take into account, among other things, any successful combination therapies. Executives building or evaluating obesity and cardiometabolic pipelines should treat combination-readiness, not just monotherapy data, as a due-diligence criterion.

Glucagon-like peptide-1



Wave three: the open safety question that could still reset the category

The least resolved issue for this drug class is arguably hepatic safety. Pfizer's experience is the cautionary tale: danuglipron and lotiglipron, despite sharing biased Gs signalling and oral bioavailability with orforglipron, were both discontinued after drug-induced liver injury signals. That outcome challenged foundational assumptions about safety prediction in small-molecule GLP-1RA design, since biased agonism does not appear to confer protection against off-target hepatic effects.

Orforglipron's own record so far is reassuring, but not yet definitive. Lilly's ACHIEVE-4 trial included a thorough analysis of potential drug-induced liver injury, and the analyses confirmed there was no hepatic safety signal, consistent with all prior studies in the ACHIEVE and ATTAIN programmes. Regulators, however, are not treating the question as closed. The FDA's approval letter required Eli Lilly to submit adjudicated cardiovascular safety data and a full DILI (drug-induced liver injury) assessment. A subsequent isolated liver-failure case captured in the FDA's adverse event reporting system drew media attention, even as the company and independent analysts urged caution against over-interpreting a single report.

The commercial stakes here are asymmetric and difficult to plan for. A second confirmed hepatotoxicity signal on any approved small-molecule GLP-1 might not just affect one product, it could more broadly recalibrate the regulatory and commercial framework for the entire subclass, exactly as it did for Pfizer's programme.

'If other programmes make it through the clinic, oral GLP-1s could become a genuine class rather than just a single blockbuster product'

Executives should be building this risk explicitly into portfolio and launch-sequencing decisions, not treating orforglipron's clean early record as proof that the chemotype risk has been solved for the category.

What this means for pharma leadership now

Taken together, the three waves point to a small-molecule market that will look quite different from the peptide-dominated GLP-1 landscape of the past two decades: more entrants, more combination products and

a yet-to-be-resolved safety overhang that has already ended two major development programmes. This has direct implications for how companies protect and extend value. Small-molecule composition-of-matter patents are built on classical generic Markush claims around a much larger serviceable chemical space than peptide sequences ever occupied, which means the intellectual property contest in this category will often be broader and more heavily contested than anything the peptide GLP-1s have faced.

Novo Nordisk's recent patent infringement litigation against compounding platforms over semaglutide, with an asserted patent not expiring until December 2031, is an early indicator of how aggressively originators will defend their market share as competition intensifies. Small-molecule players should expect a similar, likely more crowded, contest to unfold around composition, crystalline form, process and combination patents over the next decade.

The companies that treat this as three separate, sequential problems – approval, differentiation and safety – rather than one continuous strategic challenge, are the ones most likely to be reading their own blockbuster forecasts in 2031, rather than someone else's.

Andrew Pitts is partner at IP firm Mewburn Ellis

Agentic commercial: AI redefines field, digital and content for precision engagement

By Chris Moore



Commercial engagement in biopharma was once relatively straightforward, centred on a sales rep speaking directly with a physician, nurse or pharmacist. Today, as therapeutic areas become increasingly specialised, engagement spans territory reps, key account managers, medical science liaisons, brand marketers and service teams. Too often, these functions operate in silos, creating fragmented experiences for healthcare professionals (HCPs), who increasingly expect each interaction to build on the last to deepen their understanding.

At the same time, the customer landscape has expanded to include complex networks of HCPs, patients, health systems and administrators – many of whom are limiting biopharma engagements and turning to AI to guide their decisions. Facing growing clinical complexity alongside restricted HCP access, biopharmas are moving toward more agile and customer-centric commercial models.

To meet these changing expectations, biopharmas are adopting an Agentic Commercial model that brings together AI, field teams, digital engagement and approved content to deliver continuous, personalised experiences for HCPs. Agentic capabilities embedded in industry-specific applications enable teams to capture qualitative real-world insights, identify treatment barriers, provide trusted answers and deliver dynamic content for human and AI-driven engagement. The result is more relevant engagement, better informed HCPs and faster patient access to the right medicines.

Field operations: Capturing narrative insights in real time

An Agentic Commercial model transforms sales teams from promotional distribution

channels into strategic sources of customer intelligence, evolving CRM from a system of record into a system of guidance.

Reps conduct nuanced HCP conversations every day, but traditional reporting systems restrict insights capture to rigid picklists and drop-down menus. Critical qualitative context – the ‘why’ behind a physician’s decision or the localised barrier to access – goes unrecorded.

Agentic call reporting uses agentic voice and free-text capabilities, with built-in compliance checks, to help reps capture richer details from HCP conversations. These interactions generate Commercial Evidence – actionable, real-world insights that reveal intent, content gaps and treatment barriers facing physicians and patients.

Commercial leaders gain immediate visibility into real-world friction points. Early implementations show that 65% of Agentic Call Reports identify actionable treatment barriers, enabling field teams and medical specialists to address clinical concerns with precision.

Digital experience: from static navigation to instant answers

Field teams build trusted human relationships, but they cannot be everywhere at once. Digital channels such as brand websites and email should extend the dialogue and enable more timely responses to questions, yet too often, physicians and patients must navigate websites or lengthy documents to find what they need.

Conversational AI transforms static digital experiences into real-time conversations. Using only medical, legal and regulatory (MLR)-approved content, agents provide trusted, compliant answers to natural language questions in real time.

These interactions also generate valuable Commercial Evidence. Instead of showing only what users clicked, AI reveals what they asked, where they struggled and the information they could not find. Commercial teams can identify content gaps, uncover emerging treatment barriers and trigger timely follow-up from the field. Trusted by eight of the top ten biopharmas, conversational AI drives a 7x lift in high-value actions.

Approved content: transforming MLR from manual review to higher impact work

Continuous engagement depends on a steady stream of timely, compliant content. Yet, with global pharma content expenditure reaching \$30 billion annually and 29% more assets created year-over-year, content volume is outpacing human review capacity.

In an Agentic Commercial model, accelerating content speed to market is essential. Agentic MLR acts as an end-to-end expert reviewer – understanding document context, mapping specific regulations and executing targeted agent reviews against approved labels, claim libraries and brand SOPs. This shifts human reviewers from line-by-line proofreading to high-impact work.

By accelerating content review while maintaining compliance, commercial teams can respond faster to customer questions across field and digital channels. This delivers a more cost-effective approval process, with content leaders anticipating 38% of the MLR process to be AI-driven by 2028 and targeting a 70%+ reduction in manual review labour.

Agents and humans working together

An Agentic Commercial model enables AI and commercial teams to work together within the same applications, with both operating under shared compliant processes and governance. Agentic capabilities handle repetitive, data-intensive tasks, while humans apply scientific expertise, judgement, strategic action and relationship-building where it matters most.

By connecting AI, field teams, digital engagement and approved content, biopharmas can deliver a personalised, omnichannel customer experience. As therapies become more complex and HCP access more restricted, Agentic Commercial is essential in delivering precision engagement, helping more patients access the right medicines faster.

Chris Moore is President, Europe at Veeva Systems



A rare opportunity – incentivising development of new treatments for rare diseases

Investment in rare disease biotechs has increased since the FDA's Priority Review Voucher scheme was renewed

By Dan Williams



In May 2025, the World Health Assembly (the supreme decision-making body of the World Health Organization) adopted a landmark resolution declaring rare diseases a global health priority.

And in February this year the FDA's Priority Review Voucher (PRV) programme was re-authorised and signed into law; it will remain in place until reviewed again in September 2029.

The PRV scheme incentivises development of new treatments for rare paediatric conditions, among other things. When a company is awarded a PRV, it is entitled to a cut in drug review times from ten months to six months; alternatively, it can sell the voucher. Recent sales have been worth between \$150m to \$200m; in March this year, Cyprum Therapeutics sold its PRV to Fortress Biotech for \$205m.

PRVs are considered to be a prime source of non-dilutive capital. When a PRV is sold, the cash generated does not require the seller to issue new equity.

So, perhaps unsurprisingly, investment in rare disease biotechs has increased following renewal of the programme. Big Pharma, venture capital firms and others are actively investing in smaller rare disease biotechs through early-stage funding rounds, asset acquisitions and partnerships.

There are over 300 million people globally living with a rare disease, and somewhere between 7,000 and 10,000 known kinds. Only around 5% have an approved treatment; the vast majority have no effective therapy. Around one in 17 people will be affected by a rare disease during their lifetime. In the UK, this amounts to over 3.5 million people.

Around 80% of rare diseases are monogenic, caused by a mutation in a single gene, which makes them more suitable for highly targeted treatments such as gene silencing.

Historically, it has been the US that has set the pace in rare disease drug design and development, creating incentives that make it very attractive for smaller biotechs that typically focus on addressing a single disease.

The Orphan Drug Act of 1980 set out a range of incentives that includes market exclusivity, tax credits and support with getting into the clinic.

However, there are factors limiting this growth potential, not least a lack of awareness of rare diseases in general and early diagnosis.

Market forces

According to Fortune Business Insights, the global rare disease therapeutics market was worth \$204.8bn in 2025 and is projected to reach \$425bn by 2034, a CAGR of 8.41%.

The US market is estimated to be worth around \$92.4bn in 2026, about 41.5% of the global total and the US is expected to remain a leader in the global market due to strong orphan drug incentives and faster regulatory pathways.

The UK pales by comparison at around \$11.52bn, just over 5% of global market revenues.

The Fortune report says increasing prevalence of rare diseases coupled with a growing focus on precision medicine are primarily driving this market expansion.

As more capital flows into orphan drug pipelines, the market is expected to see more product launches across neurological rare diseases.

The US dominates because the PRV programme creates a highly valuable and, more importantly, tradable asset. VCs and private equity firms are far more willing to invest in rare disease biotechs simply because they provide a financial return on investment.

While the UK is known for high-quality science and innovation, it has seen a sharp contraction in biotech fundraising. Without an equivalent to the FDA's PRV programme, UK rare disease biotechs rely heavily on public markets, private investment or acquisition by larger global pharma to secure capital.

According to market analysis by Schroder's, from April this year: 'With public markets grappling with valuation volatility, the UK's "golden triangle" of innovation – spanning London, Oxford and Cambridge – continues to produce the next generation of biotech champions.

'Historically, the UK's Achilles' heel has been the "Valley of Death" – the gap between brilliant seed-stage science and the massive capital required for clinical trials. Too often, UK companies were forced to list in New York just to access the depth of capital needed to scale.'

'Around one in 17 people will be affected by a rare disease during their lifetime, including over 3.5 million people in the UK'

In an article in Cure, Sergey Jakimov, founding partner at specialist biotech VC firm LongeVC, said: "Orphan therapies are already projected to be roughly a fifth of global prescription revenue.

"Pharma needs de-risked, clinically validated assets, and rare disease programmes tend to show up better in diligence – clearer endpoints, smaller trials, engaged patient communities and a higher likelihood of approval from phase 1."

Jakimov added; "You usually know the gene, you know the protein and you know the patient. When a modality finally catches up to the biology, such as AAV gene therapy, ASOs, siRNA, base and prime editing – you can move from target ID to a clinical hypothesis in a shorter time span."

Risk assessment

The Fortune report cited above goes on to note that restricted awareness of diseases and challenges in early detection pose significant obstacles for growth in the rare disease treatment market, as numerous rare conditions exhibit non-specific symptoms that coincide with those of more prevalent illnesses.

Consequently, patients frequently navigate the long 'diagnostic odyssey' through various specialists, undergo repeated testing and follow inappropriate treatment routes before obtaining an accurate diagnosis.

Limited patient populations are a significant obstacle to growth for the global market, as the majority of rare conditions feature very small and geographically dispersed patient clusters. This means clinical trials can take much longer to organise and run.

Small sample sizes also restrict the validity of efficacy and safety data, which can heighten regulatory uncertainty and delay or postpone approvals. So even promising treatments can experience severely delayed market entry.

Taken together, these practical, real-world issues impact market growth.



Signs of improvement

In the UK, the Medicines & Healthcare Regulatory Agency (MHRA) is consulting on a new regulatory framework for bringing rare disease drugs more quickly to market.

It would be ideal if the UK could introduce a scheme similar to the PRV. With the proposed new framework, everything is in place to better manage the clinical trial and marketing authorisation process for rare disease therapies, but that appears to be where it stops.

Reducing regulatory and approvals timescales and costs can only be good for rare disease patients and their families, but adding this stronger incentive could transform the industry, making the UK a leading player in research and development in this key area.

Meanwhile, in the US, the FDA is calling on Congress to make the PRV scheme permanent, arguing that greater certainty could accelerate therapies for children with life-threatening conditions.

The FDA's Commissioner, Martin Makary, said: "This proposal would permanently reauthorise the RPD PRV programme, creating more predictability for sponsors and ensuring children living with debilitating or life-threatening conditions have access to safe and effective therapies."

Today, the scheme requires Congress reauthorisation every four years or so, but there have been gaps.

The silence of the genes

The range of advanced treatments that fall under the general term gene therapy can be grouped into three types:

1. The first is gene editing, where DNA itself is modified.
2. The second is virus-based therapy, where working versions of faulty genes are delivered directly into affected areas.
3. The third is gene silencing, where mutated genes are prevented from producing their associated toxic proteins. Critically, the gene itself is untouched.

Proponents argue that making the scheme permanent would create a much stronger incentive for long-term investments, especially important for rare disease drug developments that can take many years to reach the market.

Since 2007, when the scheme was introduced, the FDA has awarded 63 PRVs for drugs targeting 47 rare paediatric diseases. Prior to this, only four such drugs received FDA approval.

In general, gene silencing causes fewer side effects, and it is highly suitable for monogenic diseases, those caused by a single-gene mutation.

Antisense oligonucleotides (ASOs) are a key gene silencing technology, and according to Mordor Intelligence the global ASO market is valued at approximately \$4.52bn in 2026 and is projected to expand significantly over the decade.

Conclusions

Reauthorisation of the FDA's Rare Pediatric Disease Priority Review Voucher scheme has restored financial certainty and sparked intense interest from large pharma and institutional investors.

This higher investment activity is expanding the innovation pipeline and strengthening long-term growth prospects for smaller biotech companies and rare disease therapeutics.

But there are challenges to the growth potential in the rare disease market, ranging from difficulties recruiting patients for clinical trials (thereby delaying those trials, adding uncertainty to the trial results and adding cost) to the well-known 'diagnostic odyssey' faced by rare disease patients.

Ultimately, increased investment is good news for those living with a rare disease, and their families – something about which we can all feel a little better.

Dan Williams is CEO of SynaptixBio



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Winning takes more than innovation – it requires an ecosystem ready to adopt it

By Simon Bates



Take GLP-1s. The life sciences industry built extraordinary molecules for diabetes and kept seeing medically targeted weight loss through that lens, while society raced ahead and began to consider weight more broadly as something to manage pharmacologically. Stigma collapsed, demand exploded and companies were left retrofitting pharmacy partnerships and coaching models they had never planned for. This was an inflection point in society, not simply a new therapeutic market, and the companies that read it late are catching up. So right now, fast followers and companies targeting GLP-1s at conditions beyond weight loss are having to learn fast. (Read our paper here: <https://info.wearelucidgroup.com/glp-1>)

Alzheimer's follows a similar pattern. Healthcare systems were built to manage the disease as an irreversible decline, not to detect it early and intervene. That makes the availability of early, disease-modifying therapies a system-transformation opportunity, not a drug access problem. The companies that prevail will not be those with the best assets, but those that help build an integrated ecosystem around early detection, diagnosis and holistic therapy and care pathways. (Read our paper here: <https://info.wearelucidgroup.com/alzheimers-disease>)

This is all before we talk about global ecosystem disruption from MFN, AI, growing guideline-to-practice gaps, especially in ageing populations, and many other executive priorities.

Understanding the changing dynamics

Across both disease areas and geographies, success is no longer just about having the best asset, but about understanding the changing dynamics within the ecosystem and being ready to act beyond traditional commercial playbooks. That can be an uncomfortable idea for an industry built around molecules and a sequential, siloed view of the path from lab to patient. The addressable challenge often lies not with the science or the ambition, but with playbooks built for a different era. The science is moving fast, but the healthcare ecosystems meant to absorb its solutions aren't keeping pace.

All the dimensions of the ecosystem

Lucid Strategy Consulting's 'Step-Zero-360' approach is a rapid diagnostic of all the dimensions of the ecosystem and its many touchpoints with your asset, mapping what needs to be true for success. It's different because it forces challenge from first principles of all the assumptions an asset team has collected along the way.

Step-Zero-360 is a comprehensive, cross-disciplinary assessment of the forces that determine how an asset will perform at and after launch. Working outside-in and multicustomer-centric, we call it 'Step-Zero' because it runs outside the expected, internally-led first step of brand or asset strategy development.

The '360' is important. Rather than functionally led, siloed studies built to answer one narrow question, it maps the whole picture at once, across clinical, medical, behavioural (patients, physicians, managers, payers), economic, commercial, operational, technical, political and social dimensions.

It forces a genuinely external and holistic mindset to produce governing insights that explain why the ecosystem behaves the way it does and what is needed to unlock results.

The intersection of hard evidence and human behaviour

The sharpest insights rarely come from asking better questions inside traditional research paradigms. They come from the intersection of hard evidence and human

behaviour, an assessment not just of what is happening in a market, but why. Pressure-testing patient flows, underlying constraints to referral patterns and treatment choices against how the system actually operates, pairing that with an understanding of what people believe and trust.

Where Step-Zero-360 earns its value:

- **See all sides of the problem:** barriers to adoption are sometimes psychological, about confidence, trust and habit, and sometimes structural, about pathways, capacity and incentives. Diagnose only one and you only solve half the problem
- **Read the market as it behaves, not as you hope it will:** strategy grounded in perception and deterministic models is fragile. Strategy grounded in emergent insights on how the system really works is not
- **Catch the inflection point before it catches you:** a clear external read gives you the runway to prepare ahead of important shifts rather than retrofit after it
- **Build the right things early:** partnerships, diagnostics, care pathway change, evidence strategy and retention models take time to stand up. Knowing which ones matter, and in which markets, is what turns a strong asset into a durable position.

Work from one integrated view: when insight is handed off from function to function, real truths get diluted. A shared external diagnosis keeps commercial, medical, market access, policy and other teams aligned to one reality.

It may be taking shape somewhere in your category right now. The question is not only whether you have the right strategy, but whether you can move before the market does.

A rapid Step-Zero-360 engagement gives you that read in weeks, before you commit brand or launch investment. If you would like a data-led, multi-disciplinary expert view of what needs to be true for your asset to succeed, let's talk.

Simon Bates is President of Lucid Strategy Consulting and Chair of the PMEA Awards

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The invisible influencer: the new information layer between doctors and scientific evidence

By Dimithri Wignarajah, Michelle Collins and Jill Noble



Knowing your customer is no longer enough. We also need to understand the information ecosystem shaping their knowledge and decisions.

Scientific engagement has always been an ecosystem. Healthcare professionals (HCPs) seek information, while key and digital opinion leaders, societies, publishers and peers help shape scientific understanding. That ecosystem has never been linear and prescribing decisions are rarely driven by a single source.

Now, AI is becoming another influence within the information ecosystem.

AI consumes information, interprets it and increasingly surfaces (often invisibly) when HCPs and patients search for answers. We know large language models (LLMs) are influencing scientific learning: 51% of oncologists use generative AI to find background information and 49% use it to compare sources and viewpoints.

An HCP can query this 'super intelligence' intermediary and receive a synthesised answer without consciously choosing a publisher, journal or website source.

This does not mean AI is replacing scientific societies, publishers, peer networks, congresses or direct engagement. Trusted scientific voices and established channels remain essential. But AI's influence is increasingly important within the context of the wider information and learning journey.

It changes our thinking from 'How do we reach our audience?' to 'Who and what is shaping their thinking?'

Know your audience. Know their ecosystem

Understanding the audience remains the foundation of scientific engagement. First-party data tells us what audiences need, do and prefer. But now a second layer of insight is needed, an understanding of the information ecosystem's views in shaping what HCPs discover and the answers they receive.

We need to identify where AI is likely to influence information-seeking behaviour, then ensure the right evidence, content and engagement strategy exists at those key moments.

The most effective organisations will combine audience insight with ecosystem insight. GEO audits and discoverability analysis can help reveal what is influencing the answers audiences receive. They can identify the types of questions being asked, the scientific sources being cited and the evidence that surfaces.

Those insights inform content and omnichannel engagement strategy, ensuring scientific content is activated where audiences engage and where answers are increasingly being formed.

The need for influence planning

AI adds another step to the planning equation. Discoverability, credibility and influence now need to sit alongside audience behaviour.

We need to ask 'Where will our audience engage?' and 'Where does our science need to exist to influence what they discover?'

This means balancing targeted HCP environments with authoritative, discoverable sources such as scientific publishers, YouTube and professional social platforms that help evidence travel through the wider information ecosystem. Permissioned direct channels then play a distinct role: one-to-one services such as WhatsApp Business can deliver timely congress updates, new-data alerts and follow-up resources to opted-in HCPs, reinforcing priority evidence at the moment it is most relevant.

In a recent GEO audit conducted for a client, 55% of earned citations of their brand came from only eight sources. It highlights how a relatively small number of sources can exert huge influence on understanding and perception.

Designing for humans and machines

Audience needs, priority questions and content strategy remain central to engagement planning. Scientific content increasingly serves two audiences: the people consuming it and the systems retrieving, interpreting and surfacing it.

Modular content already helps teams adapt and reuse scientific content across audiences and platforms. AI adds another dimension: how the core knowledge is structured so it can be easily discovered, interpreted and accurately reused by machines as well as people.

That means designing content for both engagement and discoverability. Scientific knowledge needs to be credible, referenced and written so it can be useful when questions are asked.

'Share of Answer' provides a useful way to think about this. When priority scientific questions are being answered, how visible, accurate and useful is our evidence?

Measuring what happens when there is no click

AI-mediated discovery often escapes traditional metrics. GEO/AEO audits reveal what answer engines cite, which sources and competitors shape responses, and where evidence gaps exist. These insights help medical communications planners prioritise questions, content, placement and measures of influence while ensuring science is credible and accurately represented at discovery.

AI-informed experiences

Omnichannel remains the foundation, but it now carries new planning requirements: understanding not only the audience, but also the ecosystem shaping the answers they receive.

AI will not replace trusted scientific voices or established channels, but it does add a new, somewhat opaque layer of influence to how scientific knowledge travels.

For strategic medical communications it creates a new opportunity: to address how people learn, we need to rethink how content is structured and targeted for the people and tools guiding them, so when the questions that matter are asked, the right evidence is part of the answer.

Dimithri Wignarajah is SVP, Experience Strategy; Michelle Collins and Jill Noble are both VP, Experience Strategy, all at Omnicom Health Medical Communications

Using the power of social media to break down obstacles preventing improved patient engagement

Connecting with patients and HCPs through social media channels needs care and consistency

By Danny Buckland

All superheroes have a telling weakness and how they wield their powers is often a laser edge between salvation and disaster; a well-intentioned but misguided blast can derail a rescue act and leave a trail of issues.

Social media is healthcare's new superhero, full of high-flying promise and an armoury of positive patient and HCP connectivity, working to combat the obstacles standing in the way of improved patient outcomes.

Its stage is expanding, with an ever-increasing number of search engines and platforms – from TikTok and Instagram to LinkedIn and Reddit – as the big tech players look to embed themselves as part of healthcare's infrastructure.

The pharmaceutical industry's current mission is to learn how to use these fresh powers without blowing up established engagement channels or falling foul of regulators. It is a comic book narrative with critical outcomes.

"There are positives and negatives, of course, which we've seen play out as health content on social media has exploded over the last five to ten years. But it has opened opportunities that simply didn't exist before," says Emma Robertson, Associate Director, Social Media at Langland. "Social creates new connections for both patients and HCPs. For patient communities, it can lead to friendships, knowledge-sharing and the exchange of experiences. Having a rare disease could traditionally be an isolating experience, for example. Social media changes that.

"It also opens up a broader forum for scientific education, with information now accessible that may previously have stayed behind closed doors. It's transformed medical education. And while better education and awareness for patients and HCPs is an enormous benefit, there's also a commercial advantage for pharma companies, where social media can help support business objectives. Yet despite its widespread use, it has often been under-recognised as a priority channel."

'Social media allows us to anticipate what needs to be addressed so that people get the right information at the right time'

Partnering for success

Research has shown sharp rises in the number of people turning to social media – and increasingly AI chatbots – for a spectrum of healthcare information while the World Health Organization cautions about the spread of misinformation, stating: 'Misinformation online has the potential to travel further, faster and sometimes deeper than the truth – on some social media platforms, falsehoods are 70% more likely to get shared than accurate news.'¹

"The flip side of the gains we've made is that social media is broadly unregulated. It's a channel where anyone can voice an

opinion or make a statement and present it as fact, without needing to prove their credentials, which stands in sharp contrast to the standards expected in pharma," adds Emma, whose Langland team has deployed successful social media campaigns across areas including mental health, dementia and vaccination. "It often feels like climbing Everest to dispel some of the misinformation and disinformation, but creative and well-thought campaigns have cut through and improve patient outcomes."

She advocates a consistent social media approach rather than bursts of activity and for pharma to partner with patient communities, online ambassadors and influential figures to create disease-centred strongholds.

"Pharma is right to be cautious and feel its way into social media – the idea of a healthcare influencer is a newer concept in our industry than others – but these channels are where the public goes for information and they cannot be ignored," observes Emma. "They are becoming the No. 1 sources and they are, in a way, the new television. Ignoring them removes you from the conversation."

"As social media specialists, our challenge is to find a balance between business objectives and finding routes that work. It is not about creating a company TikTok account but more about looking at an ambassador programme with scientific experts posting about frequently asked questions in a therapy area. It could be running advisory boards with health creators to understand what type of content works to promote understanding and better fight misinformation."



"I would like to see more companies moving from short bursts of activity to developing a consistent cadence of partnership and activity throughout the year rather than big spikes for a month with a few posts across the rest of the year. Ongoing content, such as updates from your partnerships with patient activity groups, HCPs and ambassador feedback, or from looking at search results across TikTok, Google or in large language models, allows you to develop content to answer questions and concerns and better respond to needs."

Emma comments: "Ultimately, everyone benefits from stronger scientific communications on social media. It raises standards, dampens misinformation and creates an environment for your communications to have impact."

Influence beyond the patient

Emma's Social Media team at Landglan is continuously iterating and piloting the channels and formats to connect with the audiences its campaigns need to reach. From working with travel influencers to connect with highly engaged, but previously uninformed, audiences in campaigns recognised at major industry awards, to arranging Facebook Live events – which, as Emma acknowledges "might now be considered almost archaic", but can reach hand-picked demographics – working with social media means evolving daily. Influence comes from spotting gaps in understanding and helping people find the information they're looking for.

"Social media allows us to anticipate what needs to be addressed so that people get the right information at the right time," adds Emma. "It also helps us reach beyond the patient to their families and carers who also need good information."

"Being involved at this level helps you understand where needs aren't being met from the patient experiences in their own words and this helps you better prepare HCPs to have conversations in language that resonates. It doesn't mean you have to be in every single conversation, but it enables you to be in the right ones with the right people."

"We're seeing a significant shift towards credible, engaging scientific content being available every day on social media. Some of this content is competing with the most viral entertainment-driven content on social platforms, which gives me a lot of hope."

"I am also noticing a really big change in the conversations I'm having with clients to the point that social media and creator partnerships are now being seen as must-haves as opposed to nice-to-haves."

Sian Ediss-Johnson, Head of Health Influence, Havas Lynx, believes social media is rewiring healthcare communications to a more natural, conversational dynamic that offers huge benefits in patient and HCP engagement.

"Trust travels through people, not media or channels, and social media kind of blew the doors off for the pharma industry because it created a space where people can discuss their health freely online and gain advice from reputable sources," she says. "People like to have a back and forth. They like to test and learn and figure things out for themselves, whereas many pharma brands have tended to have a broadcast relationship with their patients and HCPs."

"Social media helps patients become advocates for their own health and have richer, fuller dialogue with doctors during their appointments. It is also being used by physicians to unpack evidence, data and knowledge in a peer-to-peer sense and then put those learnings into daily practice."

"It has become a great enabler."

Social media from day one

But it is not a bolt-on to existing campaigns or a last-minute pre-launch infusion. "Social media needs to be considered from the kick-off. It cannot be an afterthought," Sian adds. "If you want your wonderful creative and fantastic messages to be seen by the right people, then social media has to be integral to the first discussions and planning sessions."

'Influence comes from spotting gaps in understanding and helping people find the information they're looking for'

Regulatory concerns are often used as a device to marginalise social media from the main thrust of campaigns, but Sian comments: "We have to be cautious and aware of regulatory frameworks. Over the last ten years at Havas Lynx, we have trained our teams in pharmacovigilance across different territories and markets, and have strong compliance protocols that enable us to use social media to its full potential."

"There is a discipline to getting all departments on board so that medical and scientific teams can see the capabilities and have confidence in them. In the past, we came across stumbling blocks where medical and legal teams were not onboarded early enough and that delayed campaigns, which was a shame. That attitude is changing as examples continue to prove the strength of social media."

"Having open, transparent conversations from the start goes a very long way, and that's something we do with every single campaign that comes through our door now. We get all the stakeholders together and talk it through: as an agency we'll be challenged and the client will too, but ultimately we get to a point where everybody is on board and knows exactly what we need to do to make the campaign happen in a really safe, compliant way."

Havas Lynx is a serial award winner for its innovative social media campaigns and Sian highlights a strategy it developed uniting a small community impacted by a faulty breast cancer gene. "The gene is passed on genetically and is very rare, so we worked with the client to bring together patients, patient advocates, patient groups and doctors from around the globe to raise awareness around genetic testing."

"It was such an inspiring opportunity to make connections across the globe, and social media was the enabler. The campaign lived across TikTok and Meta where we shared lovely, emotionally resonant content to target everyday people to have conversations and request testing. It resulted in an uptick in requests for genetic testing and the 11-15% engagement rates significantly outperformed pharma benchmarks, confirming that trusted voices are key to breaking down health barriers."

"It was an example of paid advertising and health influence coming together. The paid advertising helped us find the people with the faulty gene faster and then we could get the message seen by the right people and help make a difference to their lives and health."

Sian believes these types of positive results can help suppress the 'dark forces' of mis- and dis-information. She comments: "They can spread like wildfire, so it's up to us to ensure that the reputable and the expert voices cut through. I think social media channels know they have a responsibility to enable that. For example, doctors can become verified on Reddit, and LinkedIn is developing something similar. X is a cornerstone for HCP discussion as seen in the #CardioX community's continued success. However, for healthcare brands to fully invest in this channel, the platform must match this professional engagement with equally robust brand safety controls."

"We are working with a lot of clinician creators that are part of a group combatting misinformation and developing trusted healthcare content that helps patients differentiate between good and bad content. Social media is a goldmine of clinical insights, so we have a duty to use it well."

She adds: "The magic really happens in the community-focused element of social media where people have open conversations and knowledge is shared. The brands that are really going to succeed in the future are the ones that are driving those communities and having conversations with patients and HCPs alike."

Reference

1. <https://www.who.int/teams/digital-health-and-innovation/digital-channels/combating-misinformation-online>

Danny Buckland is a freelance journalist specialising in the pharmaceutical industry

Trust doesn't travel through channels. It travels through people

By Sian Ediss-Johnson



'Influence rarely happens in a single post. Trust is built through repeated, credible interactions over time'

The numbers tell a difficult story: Point.1 confirms a shift in the balance of power. Only 19% of clinicians trust pharmaceutical branded touchpoints, while 86% trust peer-to-peer content. It's a new reality for medical communication, where trust isn't built through broadcasting messages. It's earned through participation in credible conversations.

For decades, healthcare communications operated like airport announcements: carefully scripted, information-heavy and largely one way. Today, the most effective healthcare media strategies use paid and owned media to amplify trusted conversations already happening in earned media. To reach clinician and patient communities alike, we must stop trying to own the dialogue and start earning our place within it.

Health information exists inside a noisy, emotional and human ecosystem. People don't just receive information, they encounter it on TikTok at 11pm, in Reddit threads and WhatsApp groups. They screenshot it, remix it, share it and compare it to their own lived experience. Information is no longer consumed passively.

For healthcare and pharma, this shift can feel like a loss of control. In reality, it's an opportunity to build trust and improve health literacy. In a world of fragmented attention, influence is not merely a marketing channel, it's the bridge between clinical data and human understanding.

Don't dilute the expertise – translate it

Clinical jargon shares a postcode with wellness trends, anecdotes, algorithm-fed recommendations and wildly confident opinions from strangers who may or may not have googled them five minutes ago. It all lands in the same scroll. Credibility is harder to pin down than ever – even for the most well informed.

That is where health literacy becomes important. It's not about giving people more information. It is about helping them interpret it, recognise credible sources and ask better questions. Social media can be remarkably effective at this when we stop treating it as a noticeboard.

We see it when a diabetes nurse explains what a diagnosis might actually feel like in everyday life, or when a consultant makes complex science understandable through a short, platform-native video. These creators are not replacing medical expertise, they are making it easier to understand.

Influence cannot be an afterthought

At Havas Lynx, we think about social through the lens of influence ecosystems rather than channels. We see HCP expertise, content creators, patient voices, paid amplification and community behaviour as interdependent forces. That's exactly why we built the Health Hive – to map and activate complex relationships, ensuring we drive meaningful engagement rather than treating them as separate, disconnected tactics.

The strongest healthcare campaigns consider influence, community behaviour and platform dynamics from the beginning. That means understanding who we want to influence, who they trust and where those conversations happen.

It also means being more honest about what success looks like. Sometimes the real value isn't impressions, it's people feeling less confused. Patients knowing what question to ask their doctor. Accurate information travelling further because someone trusted enough to share it. That's Health Influence.

Trust is cumulative

Influence rarely happens in a single post. Trust is built through repeated, credible interactions over time.

Pharma has good reasons to be cautious; medical and legal review can be complex and internal governance was not built for a world where a post can

travel around the world before breakfast. But compliance should not become a synonym for silence. The organisations making progress aren't ignoring regulation, they're designing better systems around it, involving medical and regulatory teams earlier, building flexible content frameworks and working with creators who understand regulated environments.

When the goal is to improve understanding, rather than promote a product, it can also involve unbranded education. The point is not to remove the risk, it's to understand it well enough to participate responsibly.

If credible healthcare voices leave the room, the room doesn't stay quiet. Someone else fills it. Healthcare organisations don't need to dominate the conversation, but they do need to be part of it.

The future is not more content

The organisations shaping the next era of healthcare communications won't be producing the most content or chasing every platform. They will be asking: 'How can we help when people are trying to understand their health?'

Done well, social media becomes part of the infrastructure: a place where complexity is translated, uncertainty can be spoken about and expertise sits alongside lived experience.

Health information has never been more accessible, more confusing, or more emotionally loaded. The answer is not to speak louder. It is to become the voice people trust when the noise gets too loud. That's where genuine health influence begins.

Got a health influence challenge you're wrestling with? Talk to Sian at sian.ediss@havas.com.

Sian Ediss-Johnson is Head of Health Influence at Havas Lynx

The future of science communication is already on social

By Emma Robertson



‘We need to make scientific information easier to find and support more evidence-based voices online’

Close your eyes and picture somewhere that scares you. A small tunnel? The edge of a cliff? Your ex’s dinner table?

For me, it’s the alternate version of my social media feeds. Chock-full of videos swearing a supplement cures a condition or claiming paracetamol causes autism with quick screenshots of headlines. Bonus – the supplement is available to buy on discount in their TikTok shop.

I realise I’m being a bit facetious. But my fear is what these conversations reveal about health access, health literacy and what that leaves already overstretched healthcare professionals (HCPs) managing, every day.

The reality is that where people spend their time has become where they get their health information.

Going to the source

Nature recently called for more scientists and HCPs to post on social media, where approximately 65% of people worldwide consume video and, consequentially, get their news.¹

A lot of this content is the reason I wince when I watch health videos outside my usual algorithm: a wave of this ‘news’ is made by creators who spread vaccine misinformation, wellness pseudoscience, myths and sham treatments.

A study Nature referenced looked at 100 of the most popular TikTok videos on attention deficit hyperactivity disorder and found more than half to be misleading.² Together, the videos had more than 280 million views.

This upwards trend won’t change. Patients will keep turning to social platforms for answers before, between and after appointments. What can change is whether what they find helps them better understand their health and communicate with their HCPs.

You can’t compete on post volume alone. However, surveys show people follow health advice from social media even if it contradicts advice from their HCP,³ so there’s a pressing job to be done.

Diagnosing the problem

As health marketers and communicators, our job is to become much better at understanding information gaps, creating useful resources and ensuring trustworthy information reaches people repeatedly. This starts with diagnosing the problem with the information people are or aren’t finding.

Talk to HCPs about the questions and misunderstandings patients bring into consultations. Use social listening and search behaviour to understand how people describe their concerns, what they look for around appointments and where misinformation or content gaps persist. Read the comments that make you uncomfortable to understand the good, bad and ugly of online health discussions.

If you don’t understand the problem, you can’t provide the right information.

Next, rethink how information is delivered. Most pharma teams are operating in isolated moments. One linear launch, with four to six posts timed around a milestone, then back to planning for the next.

People need repeated opportunities to find accurate information. That’s partly because people don’t change behaviour after seeing a message once, but it’s also because social media doesn’t stand still. Every second brings new videos, new posts and new voices shaping how people understand health. If your contribution is four posts around a milestone and then silence, it’s unrealistic to expect that information to remain visible or influential months later.

Ongoing content series, creator partnerships and educational content built around common patient questions create multiple opportunities for people to encounter trustworthy information when they need it. Changing how we publish is part of the answer, but we also need more scientific voices on social media.

Making complex science accessible

One of my favourite accounts is @tobytheneuroscientist. Toby shares regular no-nonsense explainers about dementia while completing his PhD in the renowned Neurogenetics Lab, led by Professors Sir John Hardy and Henry Houlden. He makes complex science accessible and also answers comments with thoughtful videos.

We need more people like Toby. Not every scientist, clinician or researcher wants to become a content creator. That’s fine. But companies can support building the next generation of scientific communicators through training and partnerships that give more credible voices the confidence and skills to engage effectively online. Helping them raise the bar for scientific communication is crucial to the future of fact-based communication.

Sharing insights and learnings

Finally, share, share, share your insights and learnings. Patients and HCPs aren’t compartmentalising where they get their information, so you shouldn’t either. Medical Affairs teams can use education gaps to anticipate patient questions. Communications teams can refine their messaging. Paid teams can identify opportunities to amplify the information patients need most.

As Nature said when announcing their move to TikTok: ‘The future of science communication is not an article like this.’

If social media is going to improve health understanding, rather than undermine it, we need to make scientific information easier to find and support more evidence-based voices online.

References

1. Newman, N, Arguedas, A R, Robertson, C T, Nielsen, R K & Fletcher, R. Reuters Institute Digital News Report 2025 (Reuters Institute, 2025).
2. Yeung, A, Ng, E & Abi-Jaoude, E. Can. J. Psychol. 67, 899–906 (2022).
3. eMarketer. US Digital Health 2025: The 2025 Healthcare Consumer (eMarketer, 2025).

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THE LIMINAL SPACE

Pharma's digital front door is finally opening

Websites and HCP portals are making real gains across Europe – but AI-mediated discovery is quietly resetting the standard for content that HCPs and machines can trust

By Hannah Price



For years, pharmaceutical companies across Europe and beyond have poured investment into their websites and social media channels, hoping to earn the attention and the trust of time-pressured healthcare professionals (HCPs). That investment is finally beginning to show measurable returns, with web and social among the very few channels to improve in the 2025 CXQ research. Yet just as the industry finds its footing, the ground is shifting again.

As AI-powered search and answer engines increasingly mediate how clinical information is discovered, the question facing pharma is no longer simply whether it publishes useful content. It is whether that content is credible, well-structured, connected and easy for both humans and machines to find and reuse. The bar is rising faster than many organisations realise and the response cannot be another cycle of periodic content refreshes. Meeting it will require a more deliberate, AI-ready operating model; one that treats content as a durable asset to be structured, connected and continuously optimised rather than produced based on a calendar.

A turning point

Recent benchmarking research by DT Consulting (an Indegene company), drawing on its proprietary Global Digital Landscape Benchmark (GDLB) framework, examined 534 pharma-owned websites and social media assets. Spanning 15 leading global companies, eight countries (with the European markets covering the UK, Germany, France, Italy and Spain) and four therapy areas – cardiology, dermatology, respiratory and endocrinology – the study points to genuine but uneven progress.

For the first time, pharma's web and social channels improved on every dimension the framework measures, with the overall digital experience (DX) score – a 0-100 measure of how well assets meet HCP needs across content strategy, channel experience and unification – rising from 49 to 58 year on year, enough to lift the industry from a Foundational to an Emerging level of digital maturity.

The context makes this shift significant. The majority of HCP interactions now take place in digital channels and the long-standing gap between them and traditionally strong field-based channels such as sales representative visits is narrowing. Alongside the GDLB assessment, DT Consulting's Customer Experience Quotient (CXQ) – which measures HCP-reported experience – rose two points to 53 for web and social, one of the very few channels to improve as several traditional touchpoints stagnated or declined.

Websites lead the way

Websites drove the industry's progress, improving across all three dimensions the research measures – content strategy, channel experience and unification – with gains visible in every region studied. Rather than functioning as static repositories, websites are increasingly designed to help HCPs find information, resources and practical support more efficiently.

Three qualities separate the strongest performers. The first is richer, more relevant content: disease information, disease management, patient stories,

expert perspectives, medical news and independent education, refreshed on a faster publishing cadence and, importantly, more often co-created with HCPs, patients and external partners.

The second is a more advanced channel experience – intuitive navigation, behaviour-led personalisation, improved accessibility and a broader mix of easy-to-consume formats such as short articles, videos and infographics.

The third is unification: the connective tissue that routes HCPs smoothly between corporate and therapeutic assets rather than stranding them in disconnected silos. Crucially, excellence is defined by completeness, credibility, consistency and cadence – not by the sheer volume of content published.

The web portal opens up

Nowhere is the shift clearer than in HCP web portals, the gated destinations for registered HCPs. The research finds these evolving from opaque content libraries into open, service-oriented environments. Most notably, more than half of portals now offer substantial non-promotional, unbranded content before requiring a login – giving HCPs access to disease education, clinical-trial updates and expert perspectives without first hitting an authentication wall. This transparency reduces friction, respects HCPs' time and helps establish trust earlier in the journey, positioning the portal as a practical partner rather than a promotional hub.

Portal experiences are also becoming markedly more user-centric. The share of portals personalising content based on



user behaviour has doubled to a third and roughly 37% now capture HCP feedback through polls or surveys, embedding voice-of-the-customer measurement directly into the experience. Service functionality is expanding too, with more portals integrating call-centre access, inquiry forms and interactive tools, allowing HCPs to engage by phone, email or self-service. Accessibility, long neglected, is finally gaining overdue attention, aided in part by tightening regulatory expectations across the European Union.

Social media at a crossroads

Here the story splits by region. Social experience was flat in Europe year on year but fell eight points in the US – and beneath those totals, the pillars moved in opposite directions. Channel experiences improved in both regions, helped by richer visual formats. Content strategy, however, moved the other way – slipping modestly in Europe but dropping sharply in the US – and diverged markedly by platform and region, a sign that experience gains are not yet underpinned by consistently defined or scalable strategies.

The publishing landscape also became more constrained, with firms posting less frequently and co-creating less content with patients and HCPs. The fragmentation underlines how sensitive social strategies remain to external forces – regulatory, pricing and platform-level dynamics alike.

The European social media story is especially instructive. There, the decline in volume and frequency was partially offset by a rise in perceived trustworthiness, alongside more co-created content and better mechanisms for direct engagement – a deliberate shift from volume-driven strategies towards relationship-focused ones.

It is a useful counterpoint to the assumption that more posts mean more impact. For European teams, the implication is strategic, not tactical: in a market defined by strict regulation, trust is built through consistency and co-creation, not cadence.

Web and social are one system

Perhaps the most consequential finding is that websites and social channels can no longer be treated as separate assets. HCPs move fluidly between them, discovering something in one place and exploring it further in another and they judge the experience as a whole rather than channel by channel. Yet this is precisely where the industry still falls short: no single company has achieved a differentiated experience across its entire portfolio and most firms' assets diverge widely from one to the next.

Isolated pockets of excellence are no longer enough. The leaders of the next phase will not be those with the single strongest website or social channel, but those that connect them into one coherent whole – consistent in navigation, message and service and designed so that trust built in one place carries into the next.

Building for an AI future

Winning human attention is no longer the whole game. As AI-powered search and answer engines become common gateways to clinical information, a firm's open web content; its public sites and the unbranded, pre-login layers of its web portals must remain discoverable and citable in environments where machines increasingly do the finding. The very qualities that make for a better HCP experience – scientific depth, transparent evidence, clear structure and connected content – are precisely those that make that content easier for AI systems to interpret, surface and cite.

For pharma leaders, there is a need to focus on these three key aspects:

1. Treat the website and the HCP portal in particular, as a genuine front door: audit how AI systems currently surface your brands and therapy areas and structure content; through consistent metadata, structured data and canonical pathways to be retrievable, interpretable and citable.

2. Anchor web content strategy in scientific authority and transparency, aligning medical, regulatory and communications teams around a shared approach that prizes integrity over promotional volume and make personalisation, accessibility and findability foundational capabilities rather than differentiators.

3. Recognise that social media must answer to a different logic; largely invisible to AI crawlers, its value lies in human trust, not machine discovery, therefore use it for its value in creating a dialogue, co-creation and lasting relationship rather than targeting raw reach.

These three requirements don't demand wholesale reinvention; true impact and value can be reached through ensuring consistency across the whole portfolio, in what the best assets already do in isolation. The shift underway is subtle but decisive: on the open web, discoverability now follows credibility, not the other way round. Authority can no longer be engineered through volume or search tactics; it has to be earned, in ways both HCPs and the machines that increasingly read for them can trust. The firms that grasp this now will not merely be found; they will be the ones HCPs – and the system answering on their behalf – have reason to believe.

Hannah Price is Senior Principal, DT Consulting – an Indegene company

Connecting global talent with UK growth

What the expanded global talent route means for life sciences

By Shuyeb Muquit



An immigration system can serve more than one purpose. It can regulate migration while also helping determine whether businesses can access the talent they need to support investment, research and growth.

For much of the past three years, UK immigration policy has focused heavily on reducing migration. Successive reforms have tightened eligibility across the legal migration system, and recent statistics suggest those policies have achieved their immediate objective.

Increasingly, however, a different question is emerging: what economic purpose should individual immigration routes serve?

The further widening of access to the Global Talent visa illustrates that evolution. It also has particular relevance for pharmaceutical, biotech and other research-intensive businesses competing internationally for the people needed to research, develop and commercialise new technologies.

Global Talent: how does it work?

Global Talent is designed for people working in fields including science, engineering and medicine who meet its rigorous eligibility requirements. Unlike conventional employer-sponsored immigration, it centres on the individual rather than sponsorship by a particular employer. Most applicants must first secure endorsement from an approved endorsing body before applying for immigration permission. Certain holders of qualifying prestigious prizes can apply without endorsement.

For academics and researchers, fast-track endorsement pathways cover eligible academic or research appointments, qualifying individual fellowships and the UK Research and Innovation (UKRI) Endorsed Funder pathway, alongside a separate peer-review route.

Once granted, Global Talent provides significant flexibility. Applicants can receive permission for up to five years at a time and can work or be self-employed, subject to limited exceptions. Researchers endorsed by UKRI can qualify for settlement after a three-year qualifying period, with time spent in certain other eligible immigration categories counting towards that period, subject to the relevant requirements. Dependants can also accompany the main applicant.

'Earlier this year, the UK government widened fast-track endorsement for academic and research appointments'

For businesses competing internationally for researchers, that flexibility can form part of the UK's recruitment proposition.

The UKRI Endorsed Funder pathway

The UKRI Endorsed Funder pathway, at the centre of the recent expansion, connects three elements:

1. An eligible researcher
2. A UKRI-approved employing or hosting organisation
3. Qualifying research supported by a UKRI-endorsed funder.

The researcher must be employed or hosted by an organisation on UKRI's approved list and make a critical contribution to work supported by a substantial research grant or award from an endorsed funder. The organisation employs or hosts the researcher, while the endorsed funder provides the qualifying research funding.

The applicant must contribute either by directing, independently or under the supervision of a Principal Investigator, a qualifying research or innovation project, providing core technical or domain expertise or developing new technologies or methodologies. Further requirements apply to the applicant's qualifications or equivalent research experience, employment or hosting arrangement, time spent on the funded research, and the value and duration of the grant or award.

Importantly for research-intensive businesses, the pathway can cover any research field or discipline within the endorsed funder's scope and remit.

Wider access, unchanged standards

The recent change does not redesign Global Talent or alter the underlying applicant requirements. Instead, it expands the UKRI-approved list of organisations that can employ or host eligible researchers under the existing pathway.

More than 100 commercial research-intensive businesses are now on that approved list alongside universities and research institutes. The latest expansion builds on an earlier widening of the list and includes businesses operating across high-growth sectors identified in the Industrial Strategy.

The significance therefore lies not in changing who qualifies, but in recognising a broader range of environments where qualifying research takes place.

That is particularly relevant to life sciences. The disciplines covered by the wider Global Talent research framework include pharmaceuticals, drug delivery, biomedical and medical engineering, medical devices, biochemistry, molecular biology, immunology, pharmacology, molecular medicine and numerous areas of clinical research.



Commercial R&D businesses play an important role in developing, testing and commercialising research across this landscape. Widening access while maintaining the pathway's existing standards gives more qualifying businesses an additional tool to compete for internationally mobile research expertise.

Immigration as innovation policy

The policy also matters beyond individual recruitment.

The government links the expansion to commercial R&D, productivity, investment, business scale-up, spinouts and the priority sectors identified in the Industrial Strategy. Life sciences is expressly among the high-growth sectors covered by the expansion.

Nor is the expansion an isolated measure. Earlier this year, the government widened fast-track endorsement for academic and research appointments, alongside initiatives to identify and attract internationally mobile research and innovation talent. Together, these measures point to a more active approach to competing for the people needed to support the UK's industrial and growth ambitions.

Taken together, these developments support one interpretation: immigration policy is increasingly being deployed not only to address labour-market needs, but also as an instrument of innovation and economic policy.

For pharmaceutical and biotech businesses in the UK, the question is broader than whether an individual vacancy can be filled. It is what research and technical capabilities will be required to deliver future R&D, commercialisation and growth – and how the immigration system can support access to them.

From immigration planning to talent strategy

Businesses already on UKRI's list of approved employing or hosting organisations should consider whether the Endorsed

Funder pathway is relevant to existing or planned research recruitment. That requires looking beyond the job title to the individual, qualifying funded research and the relationship between the role and the relevant grant or award.

The exercise should start with the business need, not the visa.

Global Talent: one tool, not the whole toolbox

The Global Talent visa route may be an attractive answer for some researchers, but it will not fit every hire. It remains a selective route with specific eligibility and evidential requirements, including distinct requirements under different endorsement pathways. Home Office guidance also recognises that the endorsement framework does not necessarily cover every speciality and directs individuals who cannot qualify towards alternative immigration routes.

For employers, the implication is a portfolio approach. Global Talent can sit alongside sponsored and other work routes as part of a wider international talent strategy. The appropriate tool will depend on the individual, role and circumstances.

That matters beyond recruitment. Decisions about where to build research teams, undertake R&D and support future growth can depend in part on access to the necessary expertise. Integrating immigration planning with workforce, R&D and investment strategy can help businesses identify potential talent constraints before recruitment begins.

Participation and the next opportunity

The expansion may also matter to research-intensive businesses not currently on UKRI's approved list.

UKRI has invited additional research-intensive organisations to register their interest in becoming approved employing or hosting organisations under the Endorsed

Funder pathway. Greater clarity around the approval criteria, evidence requirements and assessment process would help eligible businesses determine whether participation is relevant to them.

The practical questions therefore differ depending on where a business sits today. Organisations already on UKRI's approved list should consider how effectively they are using the pathway; those not currently approved should consider whether their research activity and future talent needs make seeking approval worth exploring.

A more purposeful approach

The significance of the expansion extends beyond the additional businesses now able to participate. It provides further evidence of a more targeted approach to economic migration, with different immigration routes increasingly aligned with different economic objectives – from workforce development to research excellence, innovation and long-term competitiveness.

For pharmaceutical, biotech and other research-intensive businesses, the opportunity is to apply the same thinking. Immigration strategy should form part of wider decisions about workforce capability, R&D and investment: what talent will be needed, where that expertise can be found and which immigration tools provide access.

Access to international research talent is only one factor in the UK's competitiveness as a life sciences destination, but it is an important one. As the government aligns immigration policy more closely with its industrial and innovation ambitions, businesses should be equally deliberate in connecting international talent with their plans for research, investment and growth.

Shuyeb Muquit is the UK Government Affairs Strategy Director at global immigration advisers Fragomen, www.fragomen.com



Chiesi Group

DAVID KHOUGAZIAN

Chiesi Group has appointed **David Khougazian** as Group Chief Executive Officer (CEO). Khougazian joins Chiesi following an international career spanning more than 25 years across the global healthcare and life sciences sectors.

Most recently, he served as Executive Partner, Growth, and Head of Global Engagement at Flagship Pioneering, where he supported the growth and development of science-driven healthcare

companies and worked closely with leadership teams on long-term value creation, partnerships, financing and organisational development.

Following a thorough selection process led by the Board of Directors, Khougazian will succeed Interim Group CEO Jean-Marc Bellemin, who has successfully led the Group since 15 May 2026, while also continuing in his permanent role as Group Chief Financial Officer.

Quantitative Biosciences Institute



BRAD SCHNEIDER

The Quantitative Biosciences Institute (QBI) at the University of California, San Francisco (UCSF) has appointed **Brad Schneider** as Chief Operating Officer (COO). Schneider brings more than two decades of experience in infectious disease research, global health operations and AI biosecurity to his new role.

Schneider joins QBI from Vaccines for Communities (V4C), where he served as CEO. Prior to that, he served in multiple senior leadership roles at San Francisco-based Pinpoint Science including CEO, Chief Research Officer and Head of Infectious Disease, and currently serves as Chairman of the Board.

As CEO, he directed all scientific, operational and regulatory activities and spearheaded the development and validation of a novel bioelectronic diagnostic device. Schneider began his scientific career at the CDC's Division of Vector-Borne Infectious Disease.

Nuclera



CARL RAIMOND

Nuclera has appointed **Carl Raimond** as Chief Executive Officer (CEO). Michael Chen, Nuclera's co-founder and former CEO, transitions to the role of Chief Scientific and Business Officer, continuing to provide scientific leadership while supporting market development and strategic partnerships.

Raimond joins from Thermo Fisher Scientific, where he served as President of Proteomic Sciences following its acquisition of Olink Proteomics. He previously served as President of Olink Proteomics, helping lead the company through its \$3.1bn acquisition by Thermo Fisher Scientific in 2023.

An experienced life sciences executive, Raimond has also held senior leadership roles at PerkinElmer, Agilent Technologies and Affymetrix. As Chief Scientific and Business Officer, Chen will focus on scientific strategy, market development and strategic partnerships.



Emmes Group

RAMA KONDRU

The Emmes Group's Board of Directors has appointed **Rama Kondru** as CEO. Kondru joined the Emmes Group in 2024 and most recently served as CEO of Veridix, the company's AI, technology and data sciences business.

Kondru brings 25 years of experience across pharmaceuticals, healthcare technology, data science and academia, and has built technology-driven businesses that accelerate clinical development and improve patient

outcomes. Prior to joining the Emmes Group, he served as Co-CEO of Medidata Solutions.

Earlier in his career, Kondru served as Senior Vice President and Chief Information Officer for Janssen Americas (Johnson & Johnson), and Vice President and Chief Information Officer for R&D and Innovation at Johnson & Johnson Medical Devices, and held leadership roles at UCB Pharma and F. Hoffmann-La Roche.

Engitix



SONIA QUARATINO

Engitix has appointed **Sonia Quaratino** in the newly created role of Executive Vice President (EVP) Chief Medical Officer (CMO). Quaratino has served as an independent non-executive Director on Engitix's board since 2023 and will take responsibility for all aspects of the company's clinical and medical strategy.

With more than 35 years of experience spanning immunology and oncology research, clinical development, and strategic leadership across biotechnology, pharmaceutical companies and academia, Quaratino brings deep expertise in chronic inflammatory diseases, autoimmunity and oncology.

Quaratino most recently served as EVP CMO at Innate Pharma, and CMO of Georgiamune and Kymab, as well as senior positions at Novartis and Merck KGaA.

Beam Therapeutics



ERIC FOSTER

Beam Therapeutics has appointed **Eric Foster** as Chief Commercial Officer (CCO). Foster will lead Beam's commercial organisation and strategy, and brings more than 25 years of commercial leadership experience across biotechnology and specialty pharmaceuticals and most recently served as CCO at Ardelyx.

Prior to that, Foster was senior VP and US general manager at Amgen following the acquisition of Horizon Therapeutics in October 2023. At Horizon, he was senior VP and general manager of the gout and ophthalmology business units.

Prior to that, from 2010 to 2021, Foster held roles of increasing responsibility in sales and marketing at GlaxoSmithKline across a variety of immunology and rare disease products, including as VP of immunology marketing, senior global marketing director and field sales VP.



Inizio

JAKE VANDER LINDEN

Inizio Evoke has appointed **Jake Vander Linden** as President, Media, where he leads media strategy, planning, activation, analytics and AdTech capabilities. He is responsible for advancing a more connected and predictive approach to media across the commercialisation life cycle.

Vander Linden will further scale media strategy and activation with the agency's proprietary behavioural intelligence, advanced analytics and real-time performance signals—helping teams develop more inventive audience experiences, continuously optimise investment and demonstrate clearer measurable impact.

With more than two decades of global media leadership experience across the healthcare and consumer sectors, Vander Linden has built and transformed high-performance organisations and led large-scale modernisation initiatives spanning analytics, technology and activation.

Inizio



BRIAN GUNDICH

Inizio Evoke has appointed **Brian Gundich** in the newly created role of EVP, AI Enablement, a role that reflects the agency's sustained strategic investment in data, technology and AI. He is leading the integration of AI across the business: building an AI-enabled operating model with established governance, secure infrastructure and execution standards that turn investment into consistent, scalable value. Gundich is at the forefront of a business transformation designed to position the agency as a modern partner able to deliver great precision, at greater scale and faster than ever before. He brings extensive experience leading operational transformation across complex global organisations. Most recently, he drove enterprise-wide intelligence and operations transformations at Interpublic Group.

Inizio



BARBARA PATCHESKY

Inizio Evoke has appointed **Barbara Patchefsky** as Global Client Lead. In this role, she will serve as a senior commercial and strategic leader across priority client relationships, connecting clients' business objectives with the full breadth of the agency's integrated platform. She will focus on solving clients' most pressing commercial challenges, deepening executive-level partnerships, shaping account strategies around each client's growth agenda and mobilising the right capabilities and teams against client priorities. Patchefsky brings more than 20 years of healthcare agency and client leadership experience. She most recently served as Global Client Director at Havas Health & You. Her career also includes senior positions across the Havas Health network and The CementBloc.

Langland



KATHRYN STEWART AND DIANE ROSS

Langland has appointed **Kathryn Stewart** as Head of Strategy and promoted **Diane Ross** to Head of Scientific Practice. Stewart joins Langland with extensive experience building and leading high-performing strategy teams. Most recently, she played a key role at Saatchi & Saatchi Health London, part of the Publicis Health network. Prior to this, she led strategy for Global Marketing at Avalere. Ross has more than two decades of experience within Publicis Health and deep expertise across multiple therapy areas, having played a central role in the development of Langland's scientific capabilities. Since 2004, she has shaped the scientific strategy of global and European communications programmes across commercial and medical affairs clients.



Real Chemistry

DIRK POSCHENRIEDER

Real Chemistry has appointed **Dirk Poschenrieder** as Managing Director, Germany. In his new role, Poschenrieder will lead growth and client delivery in Germany, partnering with clients to ensure business, communications and engagement strategies are grounded in local expertise

while leveraging connections to global network and integrated capabilities.

Poschenrieder brings 25 years' experience across healthcare marketing, communications and business development. "Germany plays a critical role in the success of our clients' regional and global strategies," said

Suzanne Jacobs, Head of International Markets at Real Chemistry.

Poschenrieder joins Real Chemistry after serving as Managing Director of Publicis Health Germany. His experience also includes eight years as Managing Director at Havas Health Network in Germany.

Emotive



PRAVEEN VAIDYANATHAN

In a beach-inspired announcement, Emotive has appointed **Praveen Vaidyanathan** as strategy director. Vaidyanathan was previously VP, strategy director at Saatchi & Saatchi New York, leading strategy across Campbell Snacks' US portfolio. Prior to that, he was strategy director at VICE/Virtue Scandinavia and Khanna\Reidinga Amsterdam, having started his planning career at George Patterson Y&R Melbourne. Vaidyanathan said: "For a not-so-beach person, working in a dive-shop-turned-agency in a suit, overlooking Coogee Oval, meditative waves on one side and distracting seagulls on the other, felt like just the right amount of juxtaposition." Continuing the beach-inspired metaphors, Emotive said Vaidyanathan will shape problems and challenges into something worth building.

Frontera Global



STEPH WASEK

Frontera Global has appointed **Steph Wasek** as General Manager. Wasek (they) will oversee the day-to-day operations of the business, working closely with clients and colleagues to further enhance the quality, impact and value of Frontera Global's services. They bring more than 20 years of medical writing and strategy experience across the healthcare, biopharma and medtech sectors, having held senior scientific services positions within the medical communications industry at agencies including Lucid Group and Bedrock Healthcare Communications. Most recently, they served on the leadership team at Synergy Vision as Head of Strategic Development and Integration, where they launched service lines and drove initiatives to strengthen culture and capabilities.

Frontera Global



MOHAMMED SALEH BHAM

Frontera Global has appointed **Mohammed Saleh Bham** as Director of Growth. Bham will lead the company's business development strategy, focusing on building new partnerships, expanding market opportunities and developing capabilities that respond to pharmaceutical clients' changing needs. He joins the business from Massive Wave Research, where he established and successfully launched the company's healthcare division. Prior to this, he co-founded healthcare communications agency Collected Group and held roles within Pfizer's Medical Affairs function, bringing a blend of commercial, strategic and industry experience to the role. Bham commented: "Our ambition is to help clients build and sustain momentum behind their brands and products."



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