THE MSL

JOURNAL OF THE MEDICAL SCIENCE LIAISON SOCIETY

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Letter From Editor

October 2021

Hello, my fellow Medical Affairs Colleagues!

Welcome to another edition of The MSL Journal! This one is jam-packed with valuable information and I am so glad that you're back to read on as our community continues to contribute such worthy topics! In particular, this edition is focused on how MSLs and managers can up their game, demonstrating immense value and strategic focus to their organizations!

Medical Affairs has evolved from a traditional medical support role of past decades to a true stand-alone entity with a strategic business plan and much more granular detail surrounding how this group drives medical education, support, and needs both internally and externally, keeping the patient central to their efforts. This evolution has happened over many years of diligent focus to fiercely bring value through partnerships, programs, leading projects, and being of service for key medical areas. What it has transcended to today is much more than we could have imagined, as we now see multiple layers of medical roles from Medical Operations and Medical Excellence to Medical Trainers and additional layers of medical managers. In the advent of this evolution, it's much like the caterpillar transitioning from cocoon to butterfly as we see how the Medical Affairs staff are so valued by organizations. This is observed not only in the creation of new roles but also in the expansion of the Medical Affairs organizations across the industry, as leadership recognizes the need to invest in larger teams and deliver greater value back to patients. We also note, through surveys MSL Society and others have conducted, that providers trust Medical Affairs staff and often prefer to spend time with them over commercial team members. I have no doubt that Medical Affairs as a strong division is now seen just as essential as other traditional divisions from Marketing to R&D and beyond.

In keeping with this theme of evolution, the array of articles in this edition were selected to bring novel ideas, tips, and useful advice to a new normal as we move forward in the current pandemic toward a hybrid virtual and face to a face engagement model, seeking the use of more technology in how we deliver value and analysis of our efforts as well as further developing our capabilities. I hope everyone has fastened their seatbelts because the pace we are experiencing in our current roles is also part of the new normal and it's more important now than ever to focus on prioritization of resources, particularly the time we invest in activities each day and to manage and balance our personal needs, safeguarding what we all must value most – ourselves and family! Keep your focus, stay strategic and maintain balance in these times of change and you will reach for the next level to truly up to your game!

Until our next edition, happy reading!

Editor:

Cherie Hyder, PharmD, MSL-BC

Cherie Hyder is Medical Excellence and Operations Lead in Medical Affairs at Biohaven Pharmaceuticals where she recently supported a virtual launch of Nurtec ODT for acute migraine. She has been involved in drug development for more than 30 years, working at FDA in CDER and pharmaceutical companies including Pfizer, Lilly, Novartis, Solvay, and Avanir, among others. At University of Missouri, she received a Doctor of Pharmacy degree with the intention to devote her career to pharmaceutical research. She has multiple adjunct faculty appointments and enjoys teaching opportunities

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Key Opinion Leaders Reveal the Value of Medical Science Liaisons

October 2021

The primary purpose of the Medical Science Liaisons (MSLs) role is to provide value to Key Opinion Leaders (KOLs), in part, through the exchange of scientific information. In fact, the success of every MSL is based on their ability to add value to the KOLs they support! However, the COVID-19 pandemic has had a substantial impact on the activities of Medical Science Liaisons. As a result, there have been concerns regarding how effective MSLs have been in a virtual environment and their continued ability to add value to the KOLs they support.

Although the Medical Science Liaison Society (MSL Society) has conducted more than 200 global surveys and corresponding reports[1], including two surveys in 2020 with KOLs regarding MSL-KOL engagements, there has never been any previously published data explicitly addressing the value of MSLs from the perspectives of KOLs during the pandemic. As a result, the MSL Society partnered with H1 to design a unique survey to gain insights into how MSLs can provide the most value to KOLs during the pandemic. The results of the survey revealed what KOLs find most valuable from MSLs, and the data may enable MSLs and MSL leaders in establishing realistic MSL-KOL engagement expectations, it may be useful in creating effective KOL strategic plans and ultimately contribute to an MSL's ability to add value to the KOLs they support.

SURVEY METHODOLOGY

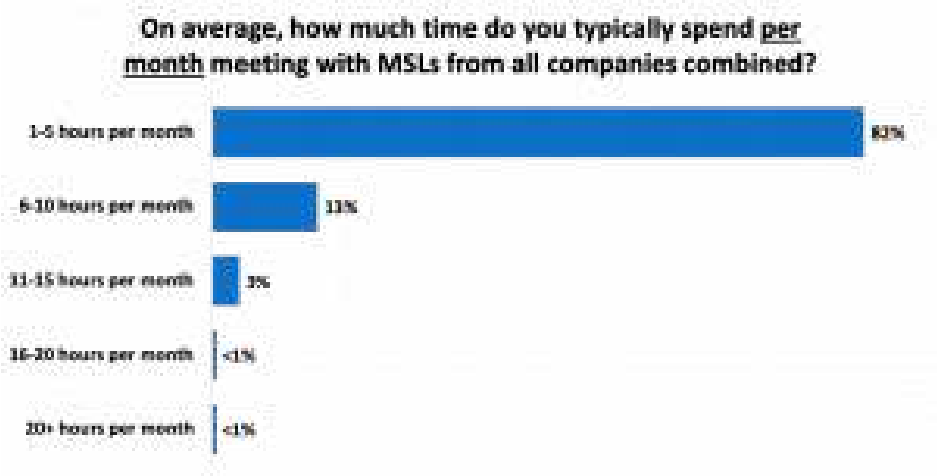
Upon completion of the survey design by the MSL Society and H1, a KOL research firm was hired to conduct the survey with KOLs based in the USA. This online survey was sent to KOLs across the USA and was opened from June 3rd – 21st, 2021. Respondents were only allowed to participate once, and duplicate surveys from a single email address were not accepted. The survey results were not weighted. Only Key Opinion Leaders (KOLs) that responded that they interacted at least 1-2 times with a Medical Science Liaison (MSL) in the last 12 months were included in the data presented in this article.

PERSPECTIVES FROM KOLS REPRESENTING DIVERSE SPECIALTIES OF MEDICINE

The primary goal of the survey was to understand the value of Medical Science Liaisons from the perspectives of a diverse group of KOLs based on several factors. The survey included a total of 203 KOLs across the U.S. All KOLs who participated self-identified their specialty of medicine which represented 33 medical specialties*. Although the results had a wide variety of medical specialties, the highest representation was Obstetrics/Gynecology with 13.4%, and Neurology, Cardiovascular Diseases, and Oncology all at around 10% each. The remaining medical specialties made up less than 10% each.

AVERAGE TIME SPENT PER MONTH DURING KOL-MSL INTERACTIONS

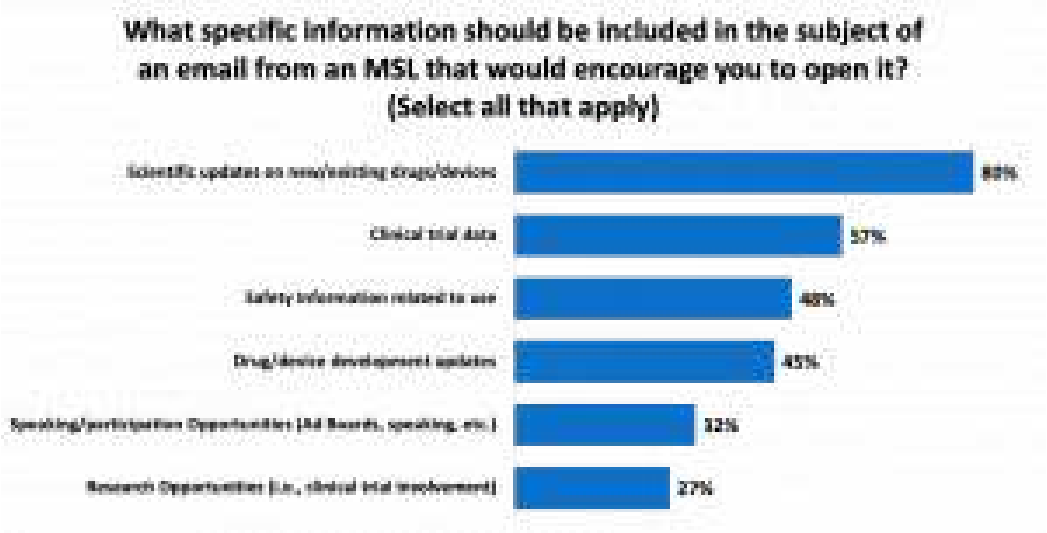
Among other benefits, understanding how much time per month KOLs are meeting with MSLs during the COVID-19 pandemic can enable MSL Leaders to establish realistic expectations when evaluating KOL engagement KPIs and metrics. The vast majority (82%) of KOLs surveyed reported that they spend, on average, 5 hours or less per month meeting with MSLs from all companies combined. 13% of KOLs stated that they spent 6-10 hours per month, and less than 5% spent more than 10 hours per month meeting with MSLs. This insight underscores the importance of being as effective as possible when engaging with KOLs, as many have less than 5 hours each month to convey information.



IMPORTANCE OF TARGETED EMAIL SUBJECT

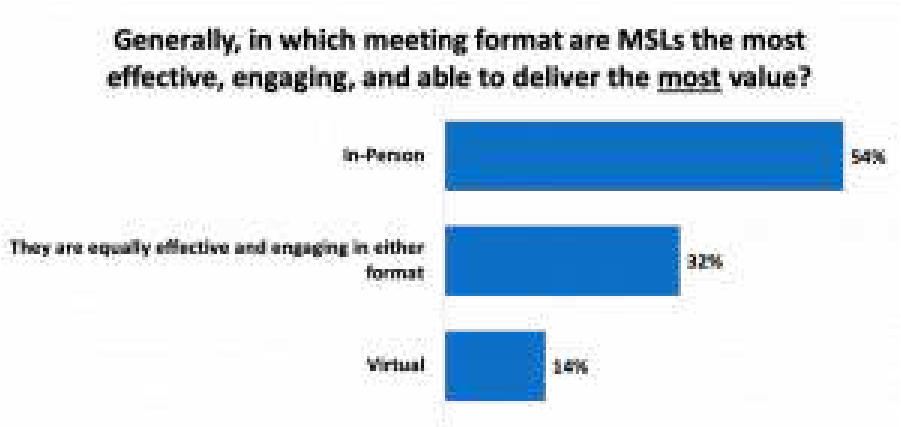
According to another 2021 global survey conducted by the MSL Society, 51% of MSLs reported that during the COVID-19 pandemic, building new relationships with KOLs was their primary challenge as a result of the lack of face-to-face KOL engagements[3]. One of the first steps in establishing a new KOL relationship is the initial introductory email and communication sent by an MSL. However, understanding what information to include in the subject line of an email is very important and will have a direct impact on the likelihood that a KOL will open and read the email. As a result, gaining insights from KOLs on what specific information they find most valuable and would encourage them to open an email is critical to the first step in successfully establishing a new relationship with a KOL.

The results of the survey revealed that the vast majority (80%) of KOLs reported that the subject that is most likely to encourage them to open an email must include “scientific updates on new/existing drugs/devices”, while 57% identified the topic of “clinical trial data”.



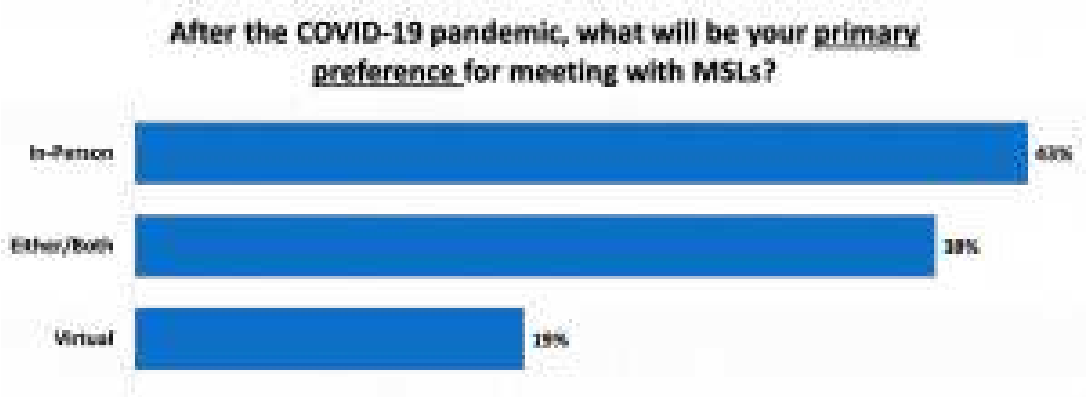
EFFICIENCY DURING IN-PERSON AND VIRTUAL INTERACTIONS

During the COVID-19 pandemic, there was initial concern regarding whether MSLs would continue to be effective, engaging, and able to deliver value to KOLs in a virtual environment. Prior to the pandemic, MSL-KOL presentations have traditionally been in-person. However, multiple surveys with MSLs and KOLs conducted during the pandemic have confirmed that virtual engagements will continue after the pandemic has ended [4,5]. Although 54% of KOLs revealed in-person meetings are the most effective and engaging, interestingly, 32% also revealed in-person and virtual interactions are *equally* effective, and another 14% stated MSLs delivered the most value during virtual interactions. Although there has been concern regarding how MSLs could continue to add value during virtual engagements as a result of the pandemic, it's striking that 46% of KOLs reported that virtual or a combination of virtual and in-person interactions are effective. These results suggest that not only have MSLs successfully pivoted to virtual engagements, but KOLs find virtual engagements valuable.



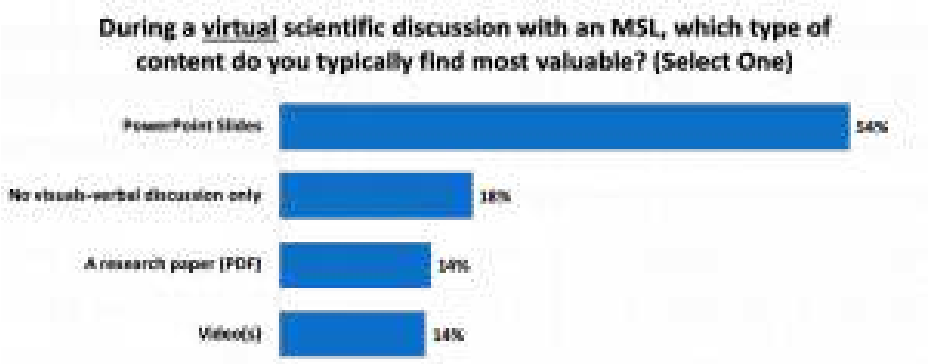
PREFERENCE FOR MEETINGS

Beyond the pandemic, it will be essential to understand KOLs primary preferences for meeting with MSLs. It is clear that some combination of virtual and in-person KOL engagements will continue after the pandemic. In fact, although 43% of KOLs stated that their primary preference for meeting with MSLs after the COVID-19 pandemic would be in-person, the majority (57%) of KOLs indicated that they would prefer a combination of in-person and virtual (38%) or exclusively meeting with MSLs virtually (19%).



MOST VALUABLE CONTENT DURING VIRTUAL MEETINGS

One of the most important skills all MSLs need to be successful when engaging with KOLs is the ability to present scientific data effectively[6]. However, it's essential for MSLs to know what specific type of content KOLs find most valuable to optimize virtual presentations. This information is crucial to successful scientific exchange. Although KOL-MSL engagements occurred virtually during the pandemic, presenting scientific data continued to be a vital element of the value that MSLs provide. In fact, 54% of KOLs reported that traditional PowerPoint slides were the most valuable type of content during virtual scientific discussions with an MSL. This data is essential in helping MSLs plan for effective engagements with KOLs.



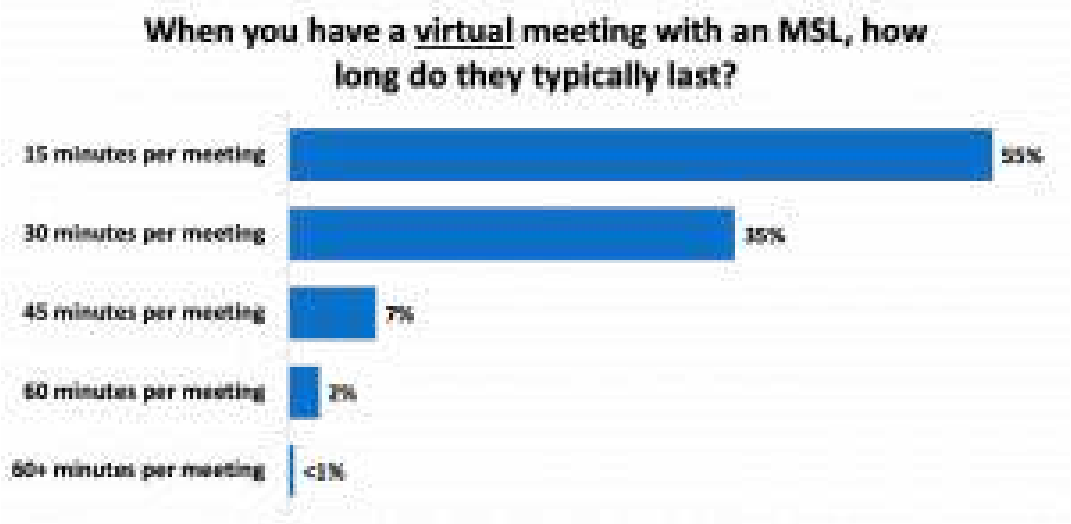
TIME SPENT ON VIRTUAL MEETINGS

In 2015, an MSL Society survey revealed, on average, MSL-KOL engagements lasted 45 minutes.

Although the survey was limited exclusively to 205 Cardiovascular medicine KOLs based in the U.S., for the first time, the results provided quantitative data revealing the average length of time a typical MSL-KOL engagement lasted. However, several surveys conducted by the MSL Society during the COVID-19 pandemic have confirmed that MSLs are meeting less frequently with KOLs, and each meeting is typically shorter in duration[2,5].

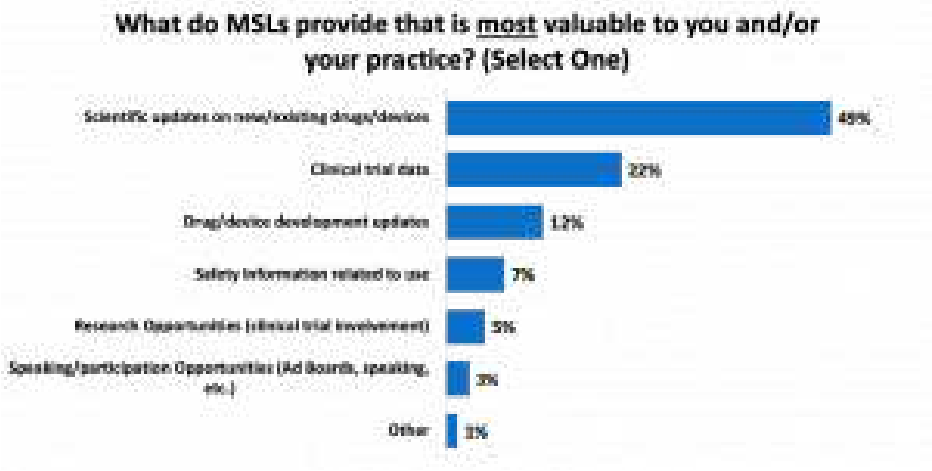
Understanding how long KOLs are typically willing to an MSL during a virtual engagement is essential for planning meetings and establishing realistic expectations. According to the survey results, 90% of KOLs revealed they typically meet with an MSL for 30 minutes or less during a virtual meeting. Interestingly, a majority (55%) of KOLs indicated their virtual engagements with MSLs typically lasted only 15 minutes.

During short engagements, it's essential for MSLs to maximize the value they deliver while simultaneously recognizing and gathering actionable insights for future engagements[7].



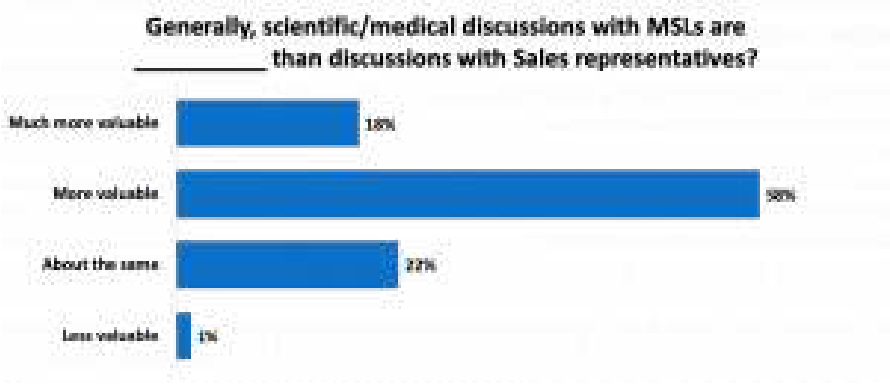
VALUABLE KOL INTERACTIONS

As a result of the limited access to KOLs during the COVID-19 pandemic, understanding what MSLs provide, that is most valuable is crucial to maintaining successful relationships. Identical to the top results for the question regarding what an MSL should include in the subject line of an email, KOLs revealed again that “Scientific updates on new/existing drugs/devices” (49%) and “Clinical trial data” (22%) provide the most value to them or their practice. These results suggest that KOLs perceive MSLs as a valued resource for medical information.



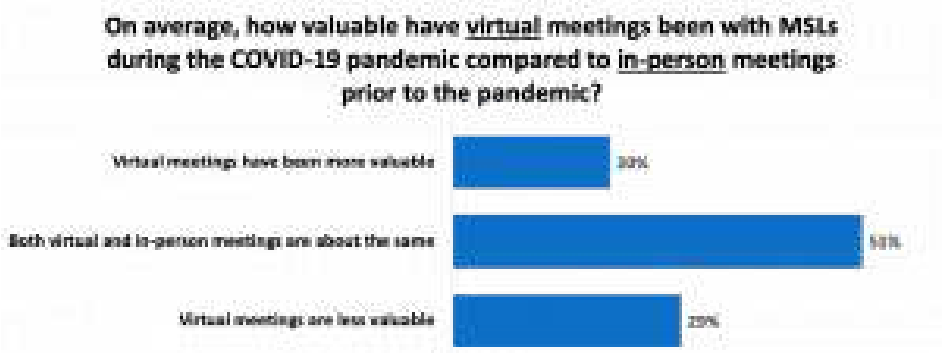
THE VALUE OF MEDICAL SCIENCE LIAISONS OR SALES REPRESENTATIVES

KOLs and HCPs frequently engage with both pharmaceutical sales representatives and MSLs from pharmaceutical companies. While the purpose of these two roles is fundamentally different, both sales reps and MSLs have scientific discussions with KOLs. However, until now, there has never been any data available regarding how KOLs perceive the value of scientific discussions with sales reps and MSLs. Interestingly, the survey results revealed that 76% of KOLs indicated that discussions with MSLs are “more valuable” or “much more valuable” than discussions with sales representatives. While these results are important for the long-term strategic planning and utilization of MSL teams, both roles will remain crucial to a company’s success.



VALUE OF IN-PERSON AND VIRTUAL INTERACTIONS

The final question in the survey focused on KOLs perceived value of virtual meetings during the pandemic compared to in-person meetings prior to the pandemic. Unexpectedly, 71% of KOLs indicated that virtual meetings with MSLs during the COVID-19 pandemic were more valuable (20%) or as valuable (51%) when compared to in-person meetings before the pandemic. Again, these results demonstrate that MSLs have successfully adapted to virtual engagements and continue to serve as a valued resource to the KOLs they support.



CONCLUSION

Although the primary goal of this survey was to understand how MSLs can provide the most value to the KOLs they are supporting during the pandemic, the results also revealed other important insights. Some of the additional important insights gained from this survey include: the reduced amount of time KOLs typically meet with an MSL during a virtual engagement, the type of content KOLs find most valuable, what MSLs provide that is most valuable to KOLs or their practice, and how valuable virtual meetings have been to KOLs when compared to in-person meetings.

Again, the unique insights gained from the results of this survey may enable MSLs and MSL leaders to establish realistic MSL-KOL engagement expectations, be useful in creating effective KOL strategic plans, and ultimately contribute to an MSL's ability to add value to the KOLs they support.

Adding value to KOLs has been, and remains, the primary purpose of Medical Science Liaisons!

The full results of the survey have also been incorporated into an infographic that is available as a free download here.

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7. Effectively Identifying, Gathering, and Communicating Actionable Insights from KOLs training program. www.themsls.org/identifying-communicating-kol-insights-training/

Author:

Dr. Samuel Dyer
CEO and Chairman of the Board

Dr. Samuel Dyer has over 21 years of experience within the International MSL community while working for a number of top global companies. During his career, he has led MSL / Medical Teams in multiple TA's in over 60 countries throughout the U.S., Canada, Europe, Africa, Middle East, Australia, and Asia.

His management experience includes small (2+) to large (240+) MSL teams across multiple TA's. Throughout his career, Dr. Dyer has worked on MSL and Medical Affairs strategy and has extensive experience in creating strategic MSL utilization and medical communication plans. He has designed and created global MSL training programs that have included: onboarding programs, KOL Medical communication plans, strategic assessments, planning, and execution in geographical locations with diverse cultures /languages. Dr. Dyer has successfully launched both pharmaceutical and medical device MSL teams both in the U.S. and internationally.

Dr. Dyer has also written extensively on the Medical Science Liaison role, including numerous published articles, benchmark studies, and reports. Dr. Dyer is well recognized within the global MSL community and has developed an extensive international network within the Pharmaceutical, CRO, Medical Device, and Biotechnology industries. He is the owner of the largest group on LinkedIn for MSLs and Medical Affairs with over 25,000 members. He has spoken and moderated several international conferences on various MSL topics including KOL management, creating MSL teams, MSL training, international MSL teams, and the value of the MSL role and Medical Affairs. Dr. Dyer is consistently sought out as a resource and consultant for MSL projects that have included diverse companies such as McKinsey Consulting, Bain and Co., and Philips Healthcare.

Dr. Dyer has a Ph.D. in Health Sciences and did medical training in Chicago. He has a Master's Degree in Tropical Biology (where he studied in the Amazon) and has a B.S. in Biology. Dr. Dyer also completed a certificate program for Executive Leadership and Strategy in Pharmaceuticals and Biotechnology at the Harvard Business School.

Dr. Dyer is the author of the Amazon #1 Best Seller "The Medical Science Liaison Career Guide: How to Break into Your First Role" (www.themslbook.com) which is the first book published on how to break into the MSL role.

Working smarter to elevate MSL value

October 2021

An MSL can have a significant impact on a brand's ultimate adoption, yet this value can often be overlooked or misunderstood. Such lack of recognition often results in creating an MSL without sufficient motivation to continue the job – a clear waste of what should be a valuable resource to the organization. To elevate their perceived value, many MSL teams resort to working harder, and yet, still fall short in the desired result. What I have learned over my many years in managing MSL teams across numerous specialties, is if you want to be recognized for delivering value in an MSL team, working harder is not the way to do it. Rather, you need to work smarter. What do I mean by that?

An MSL who works within a silo to develop relationships with KOLs quickly realizes that he or she is often viewed by others within the organization as simply providing a contact point with a KOL. Such contact is often not perceived by management as bringing tangible merit, and over time, this lack of perceived worth becomes a reason for the MSL to leave. Conversely, the MSL viewed as a significant contributor is one who has learned to creatively collaborate with others in order to deliver value to the organization. This is working smarter.

Why is this important? When an MSL team can historically justify to management how it worked with other teams within the organization to deliver added benefit to its KOL targets, this activity transcends more than a "pat on the back" for a job well done. It demonstrates real value in the delivery of actionable insights. When the MSL team works collaboratively with others within the organization, the MSL Director can then navigate within the leadership team with conversations reflecting this teamwork. This will "toot the MSL team horn" and achieve the desired recognition for its achievements.

There are a number of ways the MSL Director and teams can work to demonstrate the value they offer to the pharmaceutical company:

1. Field MSLs need to start with strategic planning of their respective territory – to take a look around the MSL team to see whom they are working within real-world applications. This could include delivery of expertise via omnichannel platforms, however, understanding what resources are there when the MSL hits the ground with conversations is key. MSLs need to understand what feedback they are receiving and who else in the territory is available to enrich the relationship based on that need. MSLs have a job to educate in a conversational manner and need to recognize what else they can offer the KOL. To be truly valuable, this needs to be more than offering attendance at conferences or speaking engagements. To fully utilize relationship skills and elevate perceived value within the organization, the MSL has to involve other people from the organization.

In order to do this compliantly, preparation and strategic design must come first. This should be done based on knowing the players within the company who will help bring the relationship to another level. These collaborators could include commercial field, contact center or customer service reps; regional and divisional managers; HEOR specialists; and government affairs teams. (It is particularly important to know the government affairs representative if there is a VA hospital in the region.) Once these other players are defined, one needs to determine how to work with them. There has to be a clear pathway to compliance as it is better to ask permission than forgiveness when satisfying a need outside the medical conversation. The MSL needs to establish a clear communication process for what should be done when the conversation is not medically based. To accomplish this, the MSL should set up a meeting virtually or face-to-face with other territory team members, exploring each other's roles and how to work compliantly in the future to satisfy the needs of the KOL.

The MSL need not necessarily be present when someone from outside the team presents information, but the MSL should be sure to educate the KOL on the different roles each person fulfills. Care must be given to not promote proactively, but if questioned, the MSL needs to define for the KOL the role to be played by the person being introduced. For instance, the MSL might state "that pricing is not my expertise, but I can bring that expert into the conversation and set up a meeting to address your questions." Such a collaboration adds enormous value to the relationship and outcome.

2. MSL managers/team leaders have the responsibility to connect with other regional and national managers within the pharmaceutical organization in order to best present to C-suite leadership. These managers and leaders should be communicating successes of their MSLs from a collaborative standpoint. Such conversations reflecting this cooperation could have the Divisional Sales Manager indicating that a particular MSL brought in the field sales rep to present to the KOL, and as a result, together they were able to make a big impact; or perhaps the action of the MSL was able to get the HEOR team in front of a P&T committee to discuss the economic value of the new drug. It is important to remember that one must demonstrate what results are being produced in the form of insights. but should do so collaboratively. The MSL director should start the collaboration story by recounting the valuable insights gleaned, and then let the respective collaborator team tell the story. C-

suite leadership will ultimately use the findings brought to light in these meetings to make decisions on contracts and budgets; therefore, making sure the MSL value is brought to light is critical.

3. Finally, it is equally important that MSL managers communicate downward from leadership to the field MSLs. They need to let the MSL know that their collaborative work is important and being recognized within the company. This communication is very important to sustain energy and morale within the team.

In today's rapidly evolving landscape, there are many tools MSLs can use to elevate their game and deliver value. Some conversations are being done virtually now, even before COVID dictated conversation protocols. Some MSLs can tap into omnichannel platforms to deliver customized educational content to their KOLs. Knowing how to tap into all resources, particularly drawing upon the expertise of other teams within a territory, is the kind of working smarter that will pay off in raising the profile of the MSL and delivering the kind of valuable insights the organization needs to succeed.

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Jeff Vaughan is Director, Field Medical Science, Ashfield Engage. Jeff has worked on both the pharmacy and field science sides of the industry and has served as a Clinical Pharmacy Director as an Air Force Officer, and as regional and national director for several pharmaceutical companies.

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Is the "new normal" here to stay?: A Survey of Brazilian Key Opinion Leaders Preferences for Post-Covid MSL Interactions

October 2021

Introduction

The COVID-19 pandemic has brought profound changes in several fields. These changes mainly impacted professionals

performing duties that involve relationships in the field with other people, such as Medical Science Liaisons or MSLs. These professionals were challenged to quickly adapt to the “new normal,” but are these changes here to stay? A survey of 475 Key Opinion Leaders (KOLs) based in the USA revealed a willingness to engage virtually with MSLs even beyond the pandemic [1]. To understand how Brazilian KOLs prefer to interact with MSLs when the pandemic is over, a survey was conducted by the authors across six specialties of medicine based in Brazil.

Methodology

The survey containing 10 questions was created by the authors in Microsoft Forms format and sent by email or WhatsApp between February and March 2021 to 1038 KOLs from all five Brazilian regions across six specialties. Participation was voluntary and allowed only once. Only complete surveys were included in the analysis, and a few answers were grouped to form larger groups. For the correlation analysis, 122 of the 127 respondents who had already interacted with any MSL in the pharmaceutical companies were considered.

Respondent characteristics

The authors received 127 responses (12%) out of the 1038 KOLs that the survey had been sent to. Most respondents were from Southeast Brazil (53.5%), and 96.1% had already interacted with MSL from the pharmaceutical industry. The KOLs’ main specialties were hematology (45.7%) and oncology (33.9%); the other specialties were gynecology, cardiology, mastology, and rheumatology, which together accounted for 20.4% of the responders. Most of their time was spent in patient care (75%), while their main workplaces were private clinics (31.5%), private hospitals (24.4%), and universities (22.8%) (Table 1).

Respondent KOLs’ preferences about MSL communication

After the pandemic, more than half (54.3%) of the KOLs believed that the use of virtual communication tools should continue (Figure 1), and their preferred methods were WhatsApp (38.6%), video call (15.0%), email (14.2%), phone call (7.1%), or no preference (22.8%). Additionally, 46.5% of the responding KOLs considered that face-to-face meetings should be replaced by virtual ones, except for some situations that still require face-to-face interaction with an MSL, such as the discussion of research projects (22.0%), and first MSL visit (21.3%) (Figure 2). Moreover, 69.8% of KOLs prefer bimonthly or trimonthly interactions with MSLs. In conclusion, 51.2% of KOLs believe that virtual technology is as effective as face-to-face interactions with the MSL (Figure 3A). To investigate the relationship between this preference and the specialty of medicine, we performed a test of homogeneity comparing hematologists, oncologists/mastologists, and the less frequent specialties in our panel (gynecology, cardiology, and rheumatology). We observed that the group formed by gynecology, cardiology, and rheumatology demonstrated a trend toward face-to-face meetings, whereas oncologists and hematologists believed both were effective (Figure 3B).

Conclusion

The adaptation of the MSL role to the virtual environment has saved us time to reach more KOLs and spend it on effective training and team activities. Nevertheless, the ability to interact scientifically, gather insights, build new relationships and rapport are compromised by the virtual environment. We believe that the hybrid format comprising virtual and face-to-face interactions could still be the most preferred method among KOLs, although it should be more thoroughly investigated for each specialty. In a continental country such as Brazil, the hybrid format will improve the performance of MSL functions in terms of cost and logistics. Also, this “new normal” in the healthcare landscape is an opportunity to individualize and personalize the experience between MSLs and KOLs.

References:

[1] https://www.themsls.org/covid-19-kol-engagement-follow-up-survey/

Characteristics - n (%)	Number of responders (N= 127)	
Have they already interacted with an MSL?		
Yes	122	(96.1%)
No	2	(1.6%)
I do not know what a MSL is	2	(1.6%)
I have never received a visit from an MSL	1	(0.8%)
Brazilian Regions		
Southeast	68	(53.5%)
Midwest	20	(15.7%)
Northeast	19	(15.0%)
South	13	(10.2%)
North	7	(5.5%)
Specialty		
Hematology	59	(46.7%)
Oncology	43	(33.9%)
Gynecology/Obstetrics	12	(9.4%)
Rheumatology	8	(6.3%)
Mastology	4	(3.1%)
Cardiology	1	(1.6%)
Main workplace		
Private Clinic	40	(31.5%)
Private Hospital	31	(24.4%)
University	29	(22.8%)
Public Hospital	11	(8.7%)
Infusion Clinic	11	(8.7%)
Clinical Research Center	5	(3.9%)
Main activity		
Patient Care	96	(75.6%)
Research	13	(10.2%)
Teaching Activities	10	(7.9%)
Preceptorship	4	(3.1%)
Administrative activities	4	(3.1%)

Table 1. Respondent characteristics

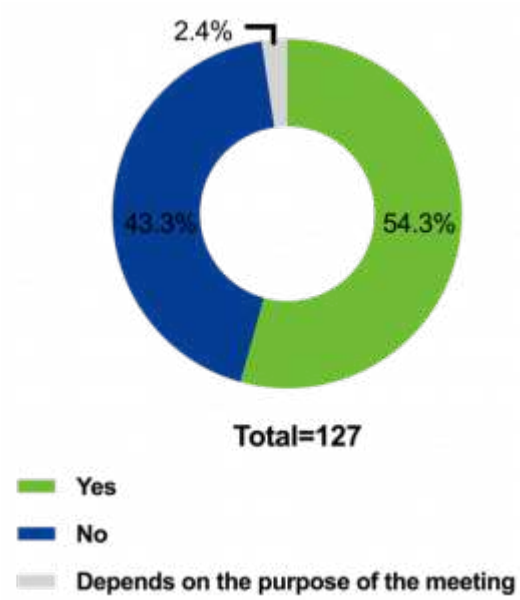

Figure 1. After the pandemic, should MSLs continue to use virtual communication tools (Zoom, Teams, etc) in their interactions with you?

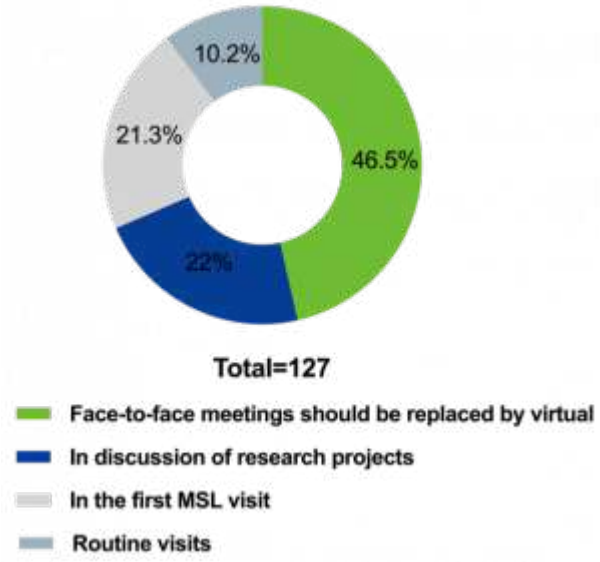

Figure 2. In which cases is the face-to-face meeting with an MSL irreplaceable?

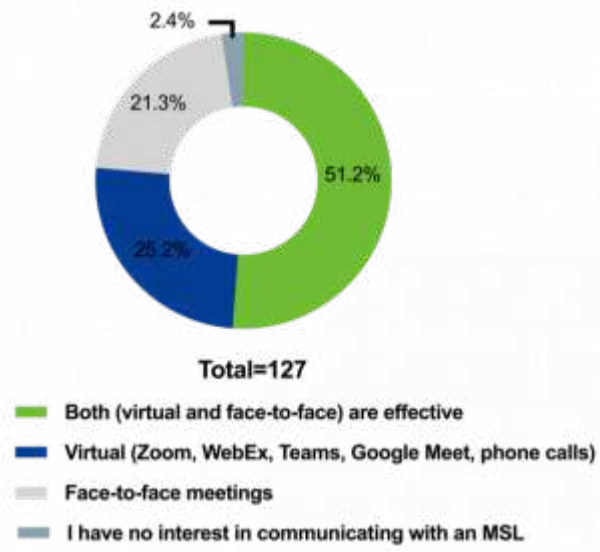

Figure 3A. After the pandemic, which format of MSL meetings do you find most effective?

Correlation between medical specialty and preference of MSL meeting format

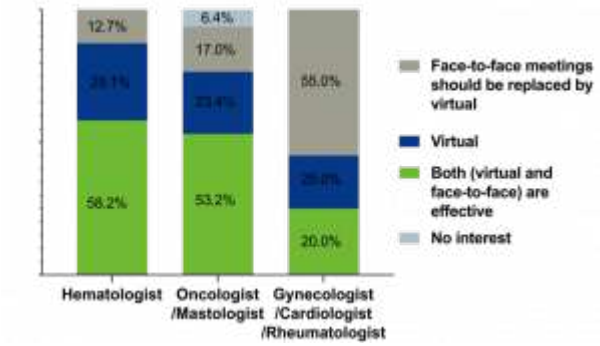

Figure 3B After the pandemic, which format of MSL meetings do you find most effective?

Complete survey questions

Demographics, medical training, and practice information

1. Do you interact or have already interacted with MSL in any pharmaceutical company?

- Yes
- No
- I do not know what MSL is
- I have never received a visit from an MSL

1. Which Brazilian region do you work in?

- Southeast
- Northeast
- South
- Midwest
- North

1. What is your specialty?

- Hematology
- Oncology
- Rheumatology
- Mastology
- Cardiology
- Gynecology/Obstetrics

1. What is your main workplace?

- Private clinic
- Private hospital
- University
- Public hospital
- Infusion clinic
- Research Center

1. What activity do you spend most of your time on?

- Patient care
- Research
- Teaching activities
- Preceptorship
- Administrative activities

Preferences regarding communication with MSL

1. After the pandemic, should MSLs continue to use virtual communication tools (Zoom, Teams, etc.) in their interactions with you?

- Yes
- No
- Depends on the purpose of the meeting

1. After the pandemic, which format of MSL meetings do you find most effective?

- Both (virtual and face-to-face) are effective
- Virtual (Zoom, WebEx, Microsoft Teams, Google Meet, phone calls)
- Face-to-face meetings
- I have no interest in communicating with an MSL

1. In which case is a face-to-face meeting with an MSL irreplaceable?

- Face-to-face meetings should be replaced by virtual meetings
- In discussion of research projects
- In the first MSL visit
- Routine visits

1. How often do you prefer to communicate with an MSL?

- Every two months
- Every three months
- Once a month
- Every 15 days
- Once a week
- I have no interest in communicating with an MSL

1. Which virtual tool do you prefer to communicate with an MSL?

- WhatsApp
- Video calls
- E-mail
- Phone calls
- All mentioned above
- I have no interest in communicating with an MSL

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The Strength and Necessity of “No”

October 2021

There is a seemingly vast chasm dividing the biotech/pharma industry from patients, health care providers, and healthcare administrators. Medical Science Liaisons exist specifically to bridge the divide and provide more clarity and unity among all stakeholders. When reflecting on the indispensable role of the medical affairs professional much of the focus is rightfully affixed to the myriad of hats that are worn, versatile skills, and the deep insights that MSLs provide. However, it is equally as important (though not quite as cheerful) to acknowledge boundaries, limitations, and the idea that sometimes it’s acceptable—and necessary—to say “no.”

In a recent issue of The MSL Journal, Dr. Samuel Dyer published insightful survey data exploring the demographic landscape of over 2,000 MSLs representing 67 countries1. One result that was especially intriguing was that almost half of the MSLs surveyed had two or fewer years of medical affairs experience. Further, a whopping 70% had four or fewer years of MSL experience. These remarkable stats illustrate two overarching themes. First, the MSL profession is rapidly growing. Secondly, a significant number of MSL positions are filled by bright, adaptable individuals who are newer to their roles and hungry to demonstrate value. MSLs, by definition, engage and collaborate with a spectrum of internal and external stakeholders so it can be very easy for an eager new MSL to be stretched too thin or inadvertently violate regulatory and compliance standards.

Learn Boundaries Immediately:

When you land your first MSL role, it’s unlikely that you will be excited to talk with your manager about the things that you should *not* do and the lines that should be drawn with stakeholders, but it is crucial to have this frank, carefully framed, conversation during your onboarding process.

In the absence of international, standardized MSL compliance guidelines2, the MSL Society has published comprehensive guidelines to ensure MSLs maximize value and minimize the chance of falling short of compliance standards.

New MSLs should consider using these guidelines as a foundation and cross reference them with company standards. Don’t be afraid to review these guidelines with your manager as it relates to your company’s existing policies regulating medical affairs roles and engagements. If recent data suggests that up to 70% of MSLs have less than four years of experience, one can infer that many MSL teams, in general, are relatively new and are actively shaping their internal policies. If possible, be proactive in framing your policy—that starts by discussing it with your manager and MSL peers.

Set Boundaries Immediately:

Many times, internal stakeholders simply do not know what “medical affairs” entails. Further, some may have never worked with MSL teams before. With that in mind, stakeholders are even less likely to know what boundaries may and should exist. One proactive step for a newer MSL is to set up quick introductory calls with individuals in pertinent company departments such as commercial, marketing, engineering, etc. Admittedly, this is an easier task when working for a smaller company but initiating an introduction and directly sharing your job expectations and performance metrics with internal stakeholders can eliminate some of the “mystery” surrounding the MSL role and can foster an avenue for future collaboration.

The relationship between commercial and medical affairs is the elephant in the room that draws the most attention from a compliance standpoint. Having honest one-to-one conversations with each commercial team member within your region is an effective way to build successful, open working relationships where boundaries and expectations are set immediately–aiming to minimize ambiguity.

Consistency among the commercial team is crucial as well, to ensure that you provide your value as completely and evenly as possible. If you give an inch, it’s human nature to take a mile– so be firm, but fair, with your time and availability– especially at the start. It can be very difficult to adjust an expectation once it is set even if it proves to be unreasonable.

Extensive travel, having flexible availability, and working odd hours to meet the needs of KOLs and HCPs are essential aspects of the MSL job. Regardless, colleagues involved with coordinating such engagements should be cognizant of your professional and personal limitations. As a driven (and relatively new) medical affairs professional, one can feel pressured and compelled to grant unreasonable requests or offer limitless availability. So, it is important to be reminded that it is okay to say “no”. To be effective and fully committed to your job, your mental health and sense of well-being must be a priority. Only *you* can say when going above and beyond has devolved into being logistically and practically impossible. When your endpoint is met—say it

unequivocally—“no”.

One helpful way to make saying “no” easier and fairer to your colleagues is to suggest a tangible, time-conscious alternative:

“Sorry, I can’t get on a plane in 3 hours the night before Thanksgiving for an unconfirmed meeting with a KOL, but I can fly down these specific days in these specific weeks. In the meantime, I’d love to introduce myself to them via email or phone.”

Naturally, a firm and cold “no” will not garner favor among your colleagues and may instill some reluctance to engage with you and leverage your talents to meet company goals. Similarly, saying something like “let’s plan something over the next few weeks” or vaguely putting the onus back on your colleague to find an alternative solution is dismissive and can plant seeds of animosity.

A timely, realistic, and firm plan as a compromise can demonstrate your willingness to meet in the middle to achieve common goals.

Overall, the medical affairs and MSL profession has exploded in size and popularity because it is increasingly apparent how important (and multi-faceted) the role is– spanning technical knowledge, clinical implementation, and sustainable business practices. Recent demographic data suggest MSLs are diverse, versatile, dynamic, and generally newer to their roles1 which inherently means they are especially eager to demonstrate value– and do so quickly.

To accomplish that, knowing what *not* to do and setting boundaries early will foster a foundation for growth in your medical affairs career. Know what boundaries exist for all MSLs and know what compliance standards are set in your own workplace. Even if a request is within your “scope of practice” as an MSL, if it is impractical, logistically unworkable, or possibly encroaching within the gray area of compliance: then feel confident to say no– without guilt. To soften the blow, make sure to build human connections with your colleagues so that they better understand your decision and proactively present a workable alternative so that they more readily respect your decision. As MSLs continue to demonstrate what they can do, let’s not forget to address what they should not do.

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Dr. Brandon Bosque is a graduate of the Temple University School of Podiatric Medicine in Philadelphia, PA and completed his residency training with emphasis in diabetic limb salvage and trauma. Recently, Dr. Bosque pivoted from clinical practice into research and medical affairs to focus on his passion of regenerative medicine and preventable amputations. Among his peer-reviewed publications, Dr. Bosque is most interested in wound healing real-world data and health economics & outcome-based

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Do Medical Science Liaisons have a role in Empowering Arizona Health Systems to Address Unmet Needs in Respiratory Diseases?

October 2021

While pursuing my Master of Business Administration (MBA) degree at the WP Carey School of Business at Arizona State University, I used the opportunity of class projects to explore how I could elevate my value as an MSL by integrating learnings from my coursework. In May 2021, I completed my MBA in the Professional Flex program with a concentration in the Business of Healthcare offered through the Executive MBA at the same university. I completed five courses in the concentration: Healthcare Economics, Healthcare Informatics/Artificial Intelligence, Healthcare Supply Chain, Healthcare Management, and Health Care Systems. Professor Alison Essary taught the Health Care Systems course. She is a faculty at the WP Carey School of Business and the Scrivener Family Director of the Research, Quality Improvement and Patient Safety Program at Honor Health Academic Affairs. She heads several Project ECHO (Extension for Community Healthcare Outcomes Model) programs. The Project ECHO is a framework developed at the University of New Mexico Health Science Center to increase access to healthcare in rural areas. The focus of ECHO is to provide training and support to health care providers from underserved regions by connecting them with specialists at academic medical centers to help them better treat patients with complex diseases. The ECHO model leverages technology, distance learning and shares best practices to reduce health disparities [1-4]. The ECHO model has been successfully applied at 43 universities in the USA and five other countries. It has been shown to have several benefits, including improving healthcare outcomes, increasing provider and patient satisfaction, and cost savings due to the telehealth approach. Overall, the model has been shown to improve minority health [1-4].

For my class project, I wrote about MSLs using this model of Project ECHO to address health disparities. I have adapted the original paper to fit my new role as a Senior Medical Science Liaison for Covis Pharma in the respiratory therapeutic area. I have chosen Arizona as a case example because I live here, and there are regional and state-by-state differences in health priorities. MSLs can consider these priorities in their territory plan and integrate them when operationalizing the medical plan and scientific messaging within their territories. The interactions that MSLs have with key opinion leaders are highly focused on scientific and clinical outcomes related to their therapeutic area of focus. However, disease management and successful pharmacotherapy do not exist in isolation from the socioecological factors impacting patients. In this article, I discuss the burden of asthma, health disparities, health priorities in the State of Arizona, and how MSLs can contribute to unmet needs by disseminating medical knowledge via programs such as Project ECHO.

The Burden of Asthma, Health Disparities and Health Priorities in Arizona

Asthma is a chronic respiratory disease that affects close to 300 million people worldwide [5]. In the USA, 1 in 13 people or approximately 25 million people have Asthma. This is a disease that afflicts individuals of any age across the lifespan. About 7% of children and 8% of adults have asthma. In children, asthma is more prevalent in boys compared to girls. However, in adults, asthma is more prevalent in women compared to men. It is estimated that the economic costs of asthma exceed 80 billion dollars per annum [6]. There are more than 3500 preventable deaths from asthma each year [7]. There is no cure for asthma, but it can be controlled with pharmacotherapy and lifestyle interventions. In addition, asthma disproportionately affects people of color in the USA. Black, Hispanic and American Indian/Alaska Native people have the highest asthma rates, deaths, and hospitalizations [8]. It is estimated that 12% of American Indian/Alaska Native and 11 % of Black people had asthma compared to 7.7 % of white people. Even though overall Hispanics have the lowest rates of asthma at 6.4 %, the rate of asthma for Hispanics of Puerto Rican descent is 14.2%. Hence, they have the highest rates of asthma compared to any other racial or ethnic group in the United States. Overall, mortality due to Asthma is highest among black women[8].

In Arizona, where I live, 1 in 11 people or 615,000 people have asthma. The Arizona Department of Health Services has identified

Chronic Lower Respiratory Disease (i.e., asthma, emphysema, and chronic bronchitis) as a leading health priority in Arizona. Among youth 17 years or younger, 10.9% have asthma compared to 9.6 % of adults [7]. The economic burden of asthma in Arizona is estimated to be 2 billion dollars per annum [9]. Tucson, Arizona, is listed in the top 20 cities most challenging to live with asthma according to the Asthma and Allergy Foundation of America (AAFA's) Asthma Capitals™ Report rankings of the largest 100 U.S. metropolitan areas [10]. In 2019 there were 87 deaths from asthma in Arizona [7]. In fact, Chronic Lower Respiratory Disease is the third leading cause of death in Arizona, responsible for almost 3,300 deaths a year [9]. Furthermore, the 2021-2025 Arizona Health Improvement Plan focuses on Health Equity, Health in All Policies/Social Determinants of Health, Mental Well-being, Pandemic Recovery, Rural Health & Urban Underserved [11].

How MSLs can support ECHO programs to address unmet needs and health disparities

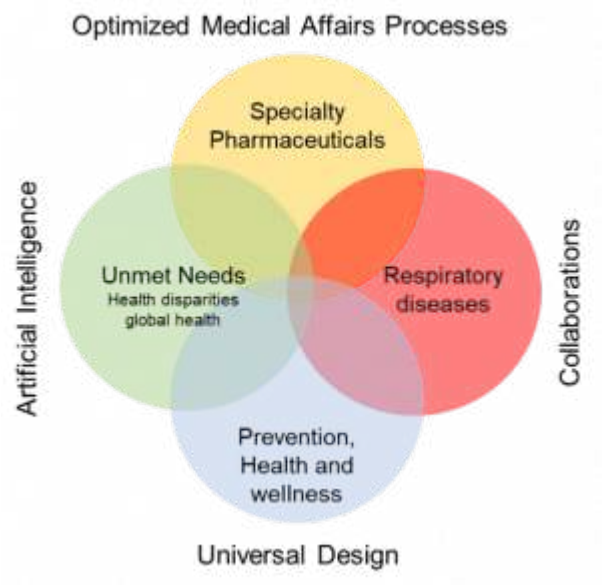
MSLs can include State public health priorities related to their disease area of focus in their territory plan and integrate it with the medical plan and scientific messaging. Project ECHO is an effective way to disseminate medical education that reaches underserved and rural populations. MSL interactions with KOLs and other health care providers (HCPs) focus on scientific discussions on disease states and clinical outcomes. However, the successful management of diseases like asthma does not exist in isolation from the socioecological factors that impact patients. For example, poor air quality, lack of access to care, and inadequate patient education contribute to asthma disparities. Effective interventions for asthma control, in addition to medicines, include implementing clean air policies, supporting home-based interventions, and educating health care professionals and the public about the disease [12]. For example, the Missouri Asthma ECHO includes case presentations, didactics on asthma self-care and environmental home assessments, and the breadth of socio-ecological factors that impact asthma management. MSLs can become involved in existing ECHO programs or support the development of new ECHOs within the companies they work for. As field-based science experts whose primary function is to develop working partnerships with key opinion leaders (KOL), MSLs field activities include partnering with KOLs in educational events and journal clubs. MSLs can sometimes participate as speakers in Continuing Medical Education (CME) activities as many are licensed health care providers, including M.D.s or PharmDs, or are published Ph.D. scientists.

Secondly, MSLs can advocate for the development of new ECHO programs. Medical Educational Grant Funding mechanisms can allow academic institutions to apply to companies to develop CME ECHOs. Alternatively, the companies can establish non-CME company-led medical education ECHOs in collaboration with KOLs. There are several examples of how the industry is successfully supporting ECHO programs. For example, In September 2020, Pfizer released a call for applications to support academic institutions or professional societies interested in using the Project ECHO model to provide education and support oncologists treating patients with Renal Cell Carcinoma. They funded five proposals under the program. The grantees have already demonstrated successful outcomes.

Summary of Project ECHO Model benefits [1-4]

- Cost savings using telehealth model
- Rural areas have access to specialists in academic centers
- Team-based learning
- Interdisciplinary professional development
- Practitioners can gain Continuing Medical Education credits
- Dissemination of evidence-based practice
- Proven to improve health outcomes for patients and caregivers
- Best practice sharing to reduce the disparity
- Integrates adult learning theories so that participants are actively learning
- Combines learning material specific to patient's needs
- The database provided through the ECHO website to monitor outcomes
- Successfully applied at 43 universities in the USA and five other countries

MSLs can foster Sustainability and Corporate Social Responsibility by Addressing Health Disparities



This figure is adapted from my previous article entitled: Developing Sustainable Medical Affairs in Regenerative Medicine.

Overall aligning MSL territory plans with public health priorities on a state-by-state basis and considering health disparities and disseminating medical education through Project ECHO may be an approach for MSLs to contribute to sustainability and corporate social responsibility. In the July 2021 issue of the MSL society journal, I published an article entitled: *Developing a Sustainable Medical Affairs Department in Regenerative Medicine.* One of the solutions I proposed was to pursue opportunities for unmet medical needs in health disparities and global health as part of corporate social responsibility. I have revised the figure from the article to reflect my current therapeutic area in the respiratory space. Covis Pharma is a specialty pharmaceutical company in multiple therapeutic areas, including hematology, oncology, and women's health. There is more opportunity for MSLs to harness the "beyond the pill" mentality [13, 14] and provide value across therapeutic areas, further support internal stakeholders such as market access teams, and ultimately positively impact health care by ensuring that evidence-based medical products are used safely and efficiently.

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I have six years of experience in medical affairs and medical science liaison. I have been living in Arizona since 2015. My Therapeutic areas of experience are; cell therapy and regenerative medicine, stem cells, orthopedics, and cartilage repair. My dynamism is enabled by an undergraduate degree in chemical engineering, an interdisciplinary doctoral degree in cell and molecular biology, a master's in public health, and postdoctoral training in bioengineering & regenerative medicine. Overall, in the last 15 years after obtaining my Ph.D. in 2006 from the University of Arkansas, I have gained experience in regenerative medicine spanning scientific research, public health, medical affairs & medical science liaison. I have a proven history of building relationships with thought leaders, clinical investigators, health care professionals, and academic centers through the provision of scientific information and disease state education. I graduated on May 3rd, 2021 with my Masters of Business Administration Degree from the WP Carey School of Business, Arizona State University, Professional Flex MBA Program, and completed the Executive MBA Health Care Electives available to cross-platform MBA students. I am a Senior Medical Science Liaison at COVIS. In the spirit of diversity and inclusion, I am spending my free time developing a sustainable social venture, "I am Pluripotent" providing after-school STEM programs to foster curiosity and learning and to prepare girls and diverse youth for future careers in STEM

MSL People Skills: Top 10 Tips for Better Engagement

October 2021

The cornerstone of the Medical Science Liaison role is RELATIONSHIP BUILDING. In a nutshell, better engagement equates to better relationships. The purpose of this article is to address the importance of proper business etiquette and the impact of social awareness and emotional intelligence as it relates to the MSL, as well as any customer-facing professional. Dale Carnegie, author of the best-selling book *How to Win Friends and Influence People*, once said, "If you want to collect honey, don't kick over the beehive." Some of the simplest principles and practices can help ANYONE prepare for professional interactions – whether meeting someone for the first time, stepping into an important meeting, or continuing to build upon a positive professional relationship with someone you already know. Not to mention, help you strengthen your professional brand.

Here are 10 key tips for better engagement:

1. Make Your Conversation About the Other Person

- The most important rule to keep in mind is to focus on the OTHER person's needs.
- Consider using these types of questions in your KOL meetings:
- "What can I do to help you?"
- "What do you need from me?"
- "To be respectful of your time, what are your preferred means of communication and when is it good to reach out?
- "How often would you like to hear from me?"

2. Embrace Digital Mediums

- While this seems obvious, digital mediums and platforms are here to stay, so EMBRACE them and get really good in all forms of digital communication.
- Follow your KOLs on social media (such as LinkedIn, Twitter, etc.,) to pick up cues on what is important to them and gain ice-breakers or talking points for future interactions.
- Again, ask KOLs their preference for communication to learn if e-mail, text or video are acceptable – and perhaps even preferred. Proceed with caution and be aware of your company policy for these interactions to be sure of compliance recommendations as well as restrictions.

3. Remember Names

- In a study published in the *Brain Research* magazine, it was found that certain parts of the brain light up when we hear our own name – not when we hear other's names, only our own.
- Be careful not to use the KOL's name too often. If overused, it can come across as insincere and condescending.
- Always use the person's name in email communication rather than jumping right into the message. It is more likely to yield a response when addressed appropriately.

4. Master the First Impression

In the words of legendary investor and billionaire Warren Buffet, "It takes 20 years to build a reputation and five minutes to ruin it." Be mindful of the impression you are making in each and every interaction, whether it is live or digital.

- **Phone** – Answer the phone with energy/enthusiasm and set a positive tone. Utilize a warm and professional greeting. Maintain a genuine tone throughout the call and end with gratitude for their time.
- **Face-to-Face** – We all know that a smile, a firm handshake, and good eye contact is critical. But it is also important to let the other person know you are grateful for their time.
- **Video** – Arrive early, be prepared, and professionally dressed. Most importantly, maintain eye contact throughout the meeting.
- **LinkedIn –** Use a recent and professional photo and make sure your experience is up-to-date, as well as thorough so that others get the proper image of you.
- **E-Mail** – Be extra careful in all e-mail communication since it is traceable. Since there is no "tone" in emails, be extra careful with word choice and phrasing. Always start with a salutation, which includes the person's name, and close your email with a "Thank you" or "Thanks in advance."

5. Use the Three (3) Rs of Pre-Call Planning

- Ryan Norman, Medical Outcomes Liaison with Teva Pharmaceuticals, shared his pre-call planning strategy in a recent podcast. Ryan uses the three Rs:
- Research
- Review
- Rehearse

Commit ample time to research, review and rehearse before each meeting and you will likely see greatly improved interactions.

6. Communicate with Confidence

- Establish yourself as a Subject Matter Expert for peer-to-peer interactions.
- Others need to believe THAT YOU BELIEVE in everything you are saying.
- Know your material and deliver it with a true belief in what you are communicating.

7. Offer Genuine Compliments

- Offer congratulations on a recent career-related milestone or accomplishment.
- Comment on recent publications or announcements that include this person.
- Recognize others for a job well done or any other notable stand-out actions.

8. Foster an Attitude of Gratitude

- An often missed personal, yet professional gesture is to say “thank you” to someone who offered you their time.
- Routinely send short ‘thank you’ notes to both external as well as internal colleagues to show gratitude and appreciation for your relationship.

Research shows that signing off your emails with “Thank you” or “Thanks in advance” will result in greater response rates.

9. Develop a TEXT Relationship (whenever possible and appropriate)

- Establishing text communication can bring a relationship to an entirely new level.
- Again, ask KOLs what their preferred means of communication is. Perhaps they suggest text as a preference.
- Consider getting a Digital Business Card, which will add your contact info to the other person’s phone.
- Proceed with caution: Many people have personal boundaries and may not be open to communicating through text. Not everyone feels comfortable with it.

10. SMILE! Say HELLO to Everyone

- We never truly know who might be in a position to help us.
- A genuine smile can change the entire dynamic in an encounter – whether via video, face-to-face, or even on the phone.
- The simplest gestures can make a huge impact on the impression others have of you and how you are perceived.

Relationships will always be the key to success in any customer-facing role. Now, more than ever, MSLs and Field Medical professionals must work at finding effective techniques for genuine and memorable engagement. To close with another quote from Dale Carnegie, *“You can make more friends in two months by becoming interested in other people than you can in two years by trying to get other people interested in you.”*

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Mentors and Mentees Reveal The Value of The MSL Mentor Program

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Mentors have always played an important part in breaking into the MSL role as well as helping MSLs to advance their careers further.

We interviewed 8 mentors and 7 mentees about their experience with the MSL Society Mentor Program 2021 to showcase the value that a mentor program could bring to your career.

1. Why did you want to be a mentor?

Cherie Hyder: I enjoy learning from the mentees and they keep me on my toes with amazing insights and questions! I see the mentor role as a two-way street with exchanges in both directions and the ability to give insights to mentees with many decades of industry experience, time leading teams and developing others as well as considering the evolution of Medical Affairs toward a strategic division that it has become today.

Amy Patel: I wanted to be a mentor because it allows me to develop leadership skills and also allows me to help train people which I think is an important quality if you're going to be a direct her in the future. I'm also passionate about my role and I want to be able to educate others on how to be a great medical science liaison.

Chris Norman: I wanted to become a mentor b/c when I started as an MSL there were no real courses on how to be an MSL. You joined a company, learned about their respective drugs, and then you went out into the field. I also have a degree in teaching and with every position I have held, I have been asked to mentor the younger folks (MSL's) on the team. I love teaching. Also, I feel that the Medical Affairs Teams in every company I have worked with need to prove their worth to the company so if I can help and guide newer MSL's in the role to make it both easier for them and also to prove their value to the company than that is a win/win for everyone!

Leny Pearman: Being a mentor to others provides me the opportunity to help others that need additional support in order to be successful in their roles.

David Tanouye: I have been mentoring young optometrists that have wanted to make the transition into an industry position for years even before I became an MSL. To mentor, MSLs is a natural progression to my mentoring for the 12 years prior to becoming an MSL.

Herman Ng: I wanted to help those more junior MSLs become better at their MSL role.

Debra Lycett: I've been an MSL and an MSL manager for over 20 years now and felt I had the experience I could share that might be helpful. I never had a mentor myself and I know I could have benefitted from one.

Jamie Tobitt: I had already been doing a lot of talking to aspiring MSLs and even helping some of the newer MSLs at my companies. It seemed like a nice opportunity to keep that going.

2. What have you learned from your mentees?

Cherie Hyder: Mentees and Mentors in our group this year each led topic discussions on a monthly rotation which allowed each of us to delve deeper into a key area of need for new managers and deliver incredible resources, ideas, and content to the entire group! As a result, the slide sets for each month represent a body of useful knowledge and resources that can be stored for a broader group to use as an MSL Society community!

Amy Patel: I have learned that a lot of my mentees come from various different backgrounds and have different aspirations and because of that based on their prior experience and sort of where they want to be in their career their role of what I medical science liaison is quite different and it's great to gain some understanding and different perspectives of what people consider what they do in this field since it's such a niche area.

Chris Norman: I have learned that there is a lot of confusion regarding the job that MSL's have been hired to do. It depends upon the company and what their deliverables are for the Medical Affairs Team. I emphasize to all my mentees that they must be very flexible and adaptable as goals, objectives, change all the time.

Leny Pearman: I learned that many struggles with territory management, especially as they are new to their MSL roles. This was much harder because of the closed systems because of COVID-19.

David Tanouye: Companies have different definitions and job descriptions of the role of an MSL. There are also other titles in Medical Affairs that seem to have job descriptions similar to what I do for my company as an MSL.

Herman Ng: That every company operates differently and there is no one size fits all answer to some of their questions.

Debra Lycett: They are all so smart! I think being a mentor has really shown me the value of strong leadership support/having a great manager. Without a strong manager, MSLs suffer from the same issues regardless of company size, therapeutic area, or even experience level. Mentorship can help fill that gap.

Jamie Tobitt: They can pick up things very quickly, and some of them are "naturals" at the MSL world and others need more attention to help them progress.

3. What's the best advice you can give to a mentee to help develop his/her career?

Cherie Hyder: Be bold, be tenacious, be a continuous learner, never stop reaching for the next level! Ask for a capability continuum or similar tool for your current role and/or for a role you aspire to move into and work toward developing your capabilities to hone your craft as an MSL and for other roles you may desire! There are now various roles within Medical Affairs that one can consider beyond the traditional MSL role!

Amy Patel: The best advice I could give them is to not look at a challenge as an obstacle but an opportunity and always take everything with a grain of salt I also educated them on being open to speak with her managers on issues and to gain and understand that positive criticism is helpful and not to look at it as a setback.

Chris Norman: A mentee called me as he felt that his manager did not like him and was not offering him any projects to work on. He was new to the company and did not want to upset anyone. We talked about various possibilities for the scenario. Then we did some role plays. In the end we BOTH decided that it would be important to his career growth and his respectability within that company to ask the manager for a one on one meeting. I truly believe that if one is respectful, honest, and genuine that one can share how they are feeling with upper management, and if they are decent people they will listen, understand one's point of view and try to work things out that are suitable for everyone. That has always been my motto. The mentee did just that, told the manager that he felt left out of projects and together they worked together to find a solution for everyone. It was a win/win.

Leny Pearman: Be aware of different opportunities within and outside of your therapeutic area. Be willing to volunteer for other projects and other collaborations to further enhance your relationships with others.

David Tanouye: Remain passionate about your field/disease state because the passion shows in every interaction you have with your health care practitioner.

Herman Ng: Networking is key when it comes to developing one's career. Sometimes it's not what you know, but who you know.

Debra Lycett: Listen, be open-minded, be a team player, be dependable and be positive. Be hungry and be humble. Appreciate the great job you have, even when it isn't perfect.

Jamie Tobitt: Always look for opportunities to go in different directions, and network… or even cut your own path if you see your vision but there is no established pathway there.

4. Would you do anything differently as a mentor in your next mentorship opportunity if given the opportunity?

Cherie Hyder: I would take time to collate the slides and resources from monthly meetings in a more proactive way; in retrospect, we realized just how valuable the presentations were as each one was delivered. If we can collect the presentations and organize them into a library of resources, it will make a great impact on future mentee/mentor groups and the broader MSL society community!

Amy Patel: If given the opportunity one thing that I would request is looking at time zones so that it's easy to schedule calls when your mentoring people because mentoring people in the same time zone as he was a little bit easier versus having people with different time zones.

Chris Norman: I have found out from experience that it depends upon the group of individuals that comprise the group. I tend to go with the interests and questions plus the needs of each group, which have been very different. Both experiences have been rewarding. I would not change anything as I go along with what the group needs and wants. Both times they have been very different.

Leny Pearman: Continue to listen to each mentee as their barriers and challenges differ from one another, different territories, and different therapeutic areas.

David Tanouye: I might have some discussions and their topics driven by our group of mentees. We did do that near the end with topics that were more of interest to them and their specific roles in their companies.

Herman Ng: No.

Jamie Tobitt: Maybe reach out individually to the mentees from time to time, rather than only as a group.

5. What inspired you to enter the Medical Affairs line of work?

Cherie Hyder: I had been working in FDA and industry roles in regulatory and clinical R&D for more than a decade when I discovered the MSL role and had an opportunity to leverage my broad drug development background in my first role. I loved the variety in each day and continuous challenge; I also think it brought me closer to patients with frequent contact with HCPs who care for patients daily.

Amy Patel: I've always been someone who likes to talk and really doesn't like to do the same job every day and when I find that it's different in medical affairs is your wake up every day go to work and no two days are the same and I really enjoy having that type of atmosphere in my work.

Chris Norman: I was inspired to become an MSL b/c I was working as a project manager in oncology at a well-known medical center. I did not have a budget for the department. I was working with a Pharma. the company on a clinical trial when he/she said that there was an opening in their company. When he/she told me that I would be able to get a computer, pens/pencils, etc. anything I needed to get my work done, I said that I would apply. In the academic world, the budget is not great to support clinical trials/research. Once I "went to the dark side" as they call it, I never went back!

Leny Pearman: I entered the MSL role accidentally. I wasn't sure what the role was and developed my own successes based on my experiences.

David Tanouye: I was given the opportunity 17 years ago from transitioning from clinical practice into Clinical/Medical Affairs. I love to be able to discuss science and data rather than the spin that the marketing and commercial group like to weave.

Herman Ng: I had a friend/colleague who was an MSL and encouraged me to pursue the MSL career path.

Debra Lycett: In pharmacy school, I became interested in pursuing Drug Information as a career, and I realized I could do that in the industry. Once I began looking into the industry I found the MSL role. Merck came to my school interviewing for sales positions so I decided to apply, thinking it was just for the experience. They ended up convincing me to take a sales position and a year later I transitioned into the MSL role. I've loved it ever since.

Jamie Tobitt: I wanted to get away from traditional pharmacy work and the MSL role resonated with me.

6. What do you know now that you wish you knew when you started working as an MSL?

Cherie Hyder: Understanding the intersection of commercial and medical is essential to success as an MSL; most of us do not get much contact with commercial prior to moving into a first MSL role and will need this underpinning to be even more effective.

Amy Patel: I wish I knew that a lot of the success based on a medical science liaison is really on your own territory and really being an advocate for your territory you really define your own success and you have to motivate and push yourself to do everything you need to do to be successful in the role as it's a very independent role.

Chris Norman: How to approach KOL's, get to know everyone associated with that KOL, and be kind and respectful to everyone! Administrative assistants etc. are just as important people as the KOL's, respect them and treat them with kindness and respect.

Leny Pearman: The different opportunities within medical affairs.

David Tanouye: Nothing really, I had spent 12 years in the medical device industry in Clinical/Medical Affairs, so the role as an MSL was nothing new. I had developed solid relationships with my doctors and that has helped me in my performance as an MSL in my current role.

Herman Ng: More than 50% of my job function is to build relationships. Once those are established, the job becomes much easier.

Debra Lycett: Clinical experience matters. If you're a PharmD, NP, etc., spend some time working in a clinical position before you join the industry. Be patient. Once you go to the industry you'll probably never go back.

Jamie Tobitt: If you are new to the industry (especially) or even an experienced MSL but new to a company… observe things more before speaking up or trying to act before having the full perspective.

7. What have you learned from this year's mentorship experience?

Cherie Hyder: Being a mentor does not mean you have all the answers or that you are above anyone; it only means you care enough to make time to give to others and to receive from them. I view it as an equal exchange environment where we can all benefit from each other with various backgrounds, knowledge, and capabilities.

Amy Patel: I have learned a great deal as far as what it takes to be a great leader and I know listening is a huge component of that and giving positive criticism in such a fashion that is not disappointing to a mentee but more educational to motivate them to do better in their career.

Chris Norman: Most of the folks in my group were new to the device company so I ended up having to look up a lot of information for devices approved by the FDA compared to FDA drugs approved in order to help the mentees.

Leny Pearman: I learned that the MSLs were so eager to be successful that they wanted to know as much as they could that it made it fun for me to further their passion to do a great job!

David Tanouye: We all come from different backgrounds and different life experiences. This is what makes each of us unique in our own way and we use our life experience in navigating through our company requirements.

Herman Ng: Not every mentee will find value in what I share, but there will also be something that a mentee can take away at some point of the mentor/mentee relationship that fits their specific situation.

Jamie Tobitt: Some of my mentees made substantial progress in their careers in just a year and others were really not in good company environments. Company culture will affect your job satisfaction and slow your career growth.

8. What have you done that helped advance your career? What steps have you taken to help advance your career?

Cherie Hyder: Take calculated risks; it won't always work out the way you want, but the time invested and experience becomes part of your fabric and you continue to evolve and move toward new career experiences!

Amy Patel: Advancing my career Begins with volunteering for opportunities allowing yourself to figure out what it is long-term

that you want and using steps to get there which is why being a leader is something I look to do in aspire to do and being a mentor is a starting point.

Chris Norman: What steps have you taken to help advance your career? I have developed a great networking group of KOL's that I have worked with and known for years. I am proud to say that I still keep in contact with them after 10 to 15 years. I also am mindful of keeping in contact with folks that I have worked with in the past. I have learned that the oncology world is a very small world and one should never make an enemy of anyone. That saying, one should be kind, respectful to everyone one meets and works with!

Leny Pearman: Being a team player and encouraging others to do well and be successful. Being a leader makes a big difference.

David Tanouye: I have always felt the hard work and being fair, balanced, and moral would pay off. I have recently been promoted to a newly created position in our company of Senior Medical Science Liaison, though I am still waiting for it to become official from our HR department.

Herman Ng: Networking and being proactive in my development. Be proactive and bold, but humble in developing my career. Ask a lot of questions.

Debra Lycett: I took a 'demotion' (technically) to get to the company and environment I wanted to be in, and a year later I was exactly where I wanted to be and fairly compensated. Don't get wrapped up in titles and such. Be open to lateral moves or 'lower' titles to get the experience you want. MSLs are over-titled and highly paid. If you want to do something different in Medical Affairs you may find yourself having to take on a position with a lower title/rank/pay in order to move up again from there. Figure out what makes you happy and work for that. Your experience and how you present it in an interview matters much more than any title.

Jamie Tobitt: Both me and my fellow mentor had either job changes or restructuring going on in our lives. It offered an opportunity to discuss with our mentees when it's time to jump ship. (not usually something you would discuss with a new MSL but it was a good conversation).

9. What do you think has been the most defining moment(s) in this mentorship experience?

Cherie Hyder: When I could not start a zoom meeting because my cell signal was poor as I was traveling, a mentee set up a new link and dove into leading the discussion to keep our discussion going. That leadership is within each of us and to see it in action in our group was inspiring. We all had those moments where we had a plan for the meeting and then had to quickly adapt and shift to a situation where others were not available and we were able to make the time relevant and useful to those who could be there!

Amy Patel: I really love making these new connections and keeping long-lasting relationships. I think it's a very small world when you work in the pharmaceutical industry and a lot of the paths will cross and the future so it's always great to have adversity and diversity.

Chris Norman: First of all, getting to know the various participants and their various questions. Most importantly, two years later, some folks from my first group still email me with questions….it is a safe environment to ask questions and seek help without feeling like your questions were insignificant. There is no judgment, only a sincere "want" to help!

Leny Pearman: The mentees were so appreciative of any best practice ideas that were shared with them that they came to each meeting prepared to challenge us each month!

David Tanouye: I met an MSL in the field that had met me initially when I had the opportunity to talk at one of my early MSL conferences. She is part of another mentorship group but referred another of her mentees to me since I am in the medical device industry which better matched this mentee. I asked my group if they would be open to inviting her to join us and they all said yes, the more the merrier. I am always tickled when I meet MSLs in the field that remembers me from attending the MSL Society conference.

Herman Ng: Receiving the "thank yous" and the emails that state "this was very helpful to me".

Mentees:

1. Why would you recommend this program to your fellow MSLs?

Brandon Bosque: I'd recommend this program because as a new MSL, you quite simply don't know what you don't know. As a surgeon by trade, preparation and understanding your own weaknesses are both fundamental to success— walking into an OR under-prepared and thinking you already know everything is a recipe for disaster in my eyes. So in this new career, I took on the same principles. I need to be self-aware about what I don't know and learn from those who have been there and are successful. This mentorship program helped me learn from seasoned MSLs what a good baseline for an MSL would be.

David Silver: I would recommend this program to early-career MSLs, especially those new to the industry. It will give you an opportunity to network with people experienced in the profession and share best practices.

Andrew Cobert: There are really a number of reasons I would recommend this program. I would say, primarily, it was such a great experience getting to interact with other MSLs working in different companies and in different therapeutic areas. The best part of that interaction, especially as a newer MSL, was realizing that we all had very similar questions regarding our professional journeys. And that we all found ourselves in similar professional situations (i.e. talking to leadership about professional advancement, relationship building with HCPs, etc.) It was comforting to know that my newfound colleagues were all working to develop their skills in order to do their jobs to the best of their abilities. It was also freeing to ask these questions to our mentors. No question was small or silly and the advice we received was more than helpful. Ultimately, this program allows for (new and mentor) MSLs to build confidence, talk through questions/scenarios encountered in our daily work lives, and grow one's professional network.

Bryandt Douglas: Yes

Attila Mihalik: I would recommend this program because the MSLS mentors, such as Jamie and Herman, truly care and want to help us grow. The transparency of the program and the ability for us to safely ask questions and see best practices around the industry are priceless and valuable.

Sarah Burris: The program is great for networking with MSLs outside of your company. It is the perfect environment to talk about similar challenges and successes and how others went to solve those.

2. How did the mentor program help to advance your career?

Brandon Bosque: It helped instill some confidence that I could "speak the language" of the MSL. It washed away the dreaded "imposter syndrome" soon after our first couple of sessions. I feel that all new MSLs need to scrub themselves clean of "imposter syndrome" as quickly as possible. You belong! So, for me, developing a little network of new MSLs and seasoned MSLs that I can bounce ideas off and ask "silly questions" without any judgment—got me there.

The robust and collaborative MSL community at large has been one of the best aspects of being an MSL. Thankfully there is no shortage of medical affairs professionals that want to help and collaborate—and for me, it started with the MSLS Mentorship program. My manager was thrilled to learn when I told him that I was partaking in this program and he encouraged me to share some of the discussions which I did—and overall, it seemed that simply joining the program demonstrated to my manager that I am taking a serious and proactive approach to my new role as an MSL. I'm sure it played a role to springboard my recent promotion to Senior MSL– within my first year!

Ray Veronneau: Since the MSL role is such a dynamic role, there is no one size fits all. It is great to hear new perspectives from others on varying objectives. These new perspectives help accomplish and exceed yearly goals and metrics for career advancement.

David Silver: These types of networking programs usually result in serendipitous benefits usually not realized until many years after the experience. More immediately, it helps an early career MSL develop a small group of people that they can confide in and will guide you.

Andrew Cobert: It definitely gave me more confidence in the way that I had already been approaching my MSL career. A specific example was feeling more confident in openly speaking with my manager about professional development/advancement.

Bryandt Douglas: Understanding practices of other companies.

Attila Mihalik: They provided me with information that allowed me to connect various pieces of information to fully understand my role and its effects on my company, industry, and the healthcare system as a whole. Additionally, various topics, such as

understanding the MA structure in different companies, helped demonstrate a clear career trajectory and how each role connects within MA.

Sarah Burris: It hasn't changed by a career as of yet, but there were 2 other MSLs in my group that learned that their positions were not really what others were experiencing in their MSL roles, which led to both of them interviewing with other companies and changing jobs.

3. What do you expect in a mentor? How is being mentored a 2-way exchange where both mentor and mentee benefit?

Brandon Bosque: My expectations of a mentor were quite simple. I hoped that they would have been an MSL for a while and ideally currently serving as a senior MSL or MSL manager. That was it. The 2-way exchange was refreshing and a bit surprising (especially coming from clinical medicine). I was very lucky to have two wonderful MSL mentors that had no problem saying "I'm not sure" and enthusiastically wanted to learn about our experiences and challenges as well. You can imagine in clinical medicine it's not extremely common to have mentors who feel that they could indeed learn from novices – but my MSL mentors were so comfortable in their own skin that they relished learning from us and seeing a new perspective. It validated to me, that in this field, like clinical medicine, we are life-long learners regardless of the number of years of experience one has—we can always learn something. But unlike clinical medicine, experienced medical affairs professionals are much more willing to make learning a 2-way street.

Ray Veronneau: As a mentor, I expect flexibility and honesty. Flexibility in what needs to be discussed and communicated. There should be no set "crash course"; it is really about identifying strengths and weaknesses and how to utilize or overcome them. Honesty is important as well to hear real feedback on what may or may not work.

David Silver: I expected that I would be "pulling" information from my mentor but in reality, it was more of a collegial relationship. Having a two-way relationship where both mentor and mentee benefit was more ideal. As a result of the pandemic, everyone was experiencing the virtual engagement paradigm as "new MSLs" and it fostered a mutually beneficial relationship as we shared strategies as a group.

Andrew Cobert: I expect a mentor to be open and welcoming. As a mentor, you have to make someone feel comfortable in knowing they can come to you with questions/problems/scenarios and not worry about being shamed.

Being mentored is a 2-way exchange where everyone benefits because regardless of experience no one knows everything and everyone (especially in this profession) is looking to learn more and, ultimately, get better at what they do. The reward is knowing you've done your best in your work and hoping that that can make a difference.

Bryandt Douglas: I expect to get assistance with questions and obtain insight on how to be a better MSL.

Attila Mihalik: A mentor should provide a safe, transparent space that allows openness for questions. I believe mentorship is a 2-way exchange because the engagement between a mentor/mentee often requires the mentors to do more research and preparation, therefore both parties eventually learn and grow.

Sarah Burris: A certain level of experience/years in the industry. I would also hope that they have had experiences with more than one company and job title (maybe promoted to an MSL manager).

4. What inspired you to seek mentorship in the first place?

Brandon Bosque: In clinical medicine, the mantra "see one, do one, teach one" is instilled in us. Mentorship is standard, formalized, and engrained in physician training. Being an MSL is no different, but the mentorship isn't necessarily obvious or formal. Seeing a mentorship being available through the MSLS was extremely attractive to me. Putting my ego aside and acknowledging that I have a TON to learn about this profession was the first step. I realize how lucky I was to have access to willing mentors and a collaborative group, so taking advantage of the opportunity was a no-brainer. Then– my hope– as I grow as an MSL, is that one day I will be able to "teach one" as a mentor.

Ray Veronneau: To build off the first answer, since this role is dynamic and the landscape is ever-changing, I think it is wise to always have a mentor, regardless of the stage in your career.

David Silver: Dr. Dyer's book led me to the MSL career and it was something that encouraged me to participate in the mentorship program. I have had a really positive experience with everything related to the MSL Society in general.

Andrew Cobert: Becoming an MSL took hard work and time. Now that I have been fortunate enough to work in this role for nearly 2 years, I have a strong motivation to do all that I can to become a better MSL each day. Mentorship is something that is priceless in all aspects of life. It can allow you to discover things you may have never thought about and having that new knowledge can allow you to grow and expand beyond what you thought possible.

Bryandt Douglas: I was a new MSL and sought guidance on how to be the best MSL.

Attila Mihalik: My desire to continuously learn and advance within my field in addition to giving back in the future.

Sarah Burris: I am a new MSL in a non-traditional MSL role for my company (who has never had this position). I want to be sure that I am following industry standards.

5. What was the most valuable lesson you learned?

Brandon Bosque: The most valuable lesson I learned was that different MSL teams have vastly different responsibilities, hierarchies, and persons to report to— and that is ok! Some MSLs are intimately involved with IRB submissions and medical education while others focus strictly on engagements in the field. Just because I'm not responsible for doing something another MSL is doing doesn't mean that I'm slacking or being under-utilized—it just means my MSL team is different. It's so great to see how different day-to-day outlooks for various MSLs can be—there will be a role to match any skill set. Even something as simple as understanding and maximizing a CRO was a great discussion point with other MSLs. Some are bound tightly to their CRO while others use it passively.

Ray Veronneau: The most valuable lesson learned is that there are many ways to get to an end result. There are many different types of MSLs and each has its own skills that necessarily may not work for all, but it works for them. The lesson learned was that you can't just mimic someone to achieve success, you have to listen and learn then personalize that to succeed.

David Silver: I really get a sense that growth and development as an MSL is not something that happens within a year. I think this program probably should be a 2-3 year track. I think the second or third year should involve a 1:1 relationship with the mentor. I would like to see a further mentorship program for experienced MSLs that is more focused on career development. I would like to understand what the 20-year career track looks like starting from an MSLs first position.

Andrew Cobert: New or experienced, we are all just looking to do a good job. We all have the normal fears and anxieties of those who just want to do well. With that, we are all just "figuring it out" each day while being able to work in areas we are passionate about.

Bryandt Douglas: Handling congresses.

Attila Mihalik: Most valuable lesson learned was how to connect and approach KOL interactions in different industry settings (big pharma, generic pharma, biopharma, etc.). Each sector has its own set of challenges and regulations that allow us to do different things.

Sarah Burris: There are many different paths MSLs can take in their career progression beyond the MSL title.

6. How can you apply what you have learned in the program to your career? What changes will you make based on this mentorship experience?

Brandon Bosque: I was the inaugural MSL at my company and we currently are an MSL team of 2. This program has given me the confidence and groundwork to develop our company policies that govern MSL engagements with KOLs and other activities. Without mentorship, I would likely be more passive and "assume" that everyone does things the exact same way across the board. I would wait to be told what to do instead of taking initiative—simply because I would have been scared to be wrong. That is not the case at all! You can take great ideas from fellow mentees or mentors and implement them for your own company. The mentors gave me great confidence to OWN our MSL team and tailor it to our company goals. In my company, I'm extremely fortunate that I report directly to the Chief Scientific Officer, and he encourages us to think outside of the box about what we want to be as MSLs and he values my input regarding the direction of our medical affairs team. Without this program, I would have likely "gone with the flow" instead of actively shaping my MSL team, because I simply would not have known any better.

Ray Veronneau: I will make better long-term strategic decisions regarding my career so I can accomplish objectives faster than if I had not been in the mentor-mentee program. I will use what I learned in my mentor-mentee group to help onboard to the MSL role faster and more efficiently.

David Silver: I learned how valuable just talking and getting to know others in the pharmaceutical industry is. Just having someone to reach out to the outside of the normal information stream you have access to is invaluable.

Andrew Cobert: Continuing to build your network and professional relationships is a major key to developing who you are and where you see yourself going.

Bryandt Douglas: It's a direct application.

Attila Mihalik: In my company, we created best practices and shared our findings within the team. This allowed many members of my company to grow and implement some strategies that were applicable to us. I have used these practices to advance and increase my interactions.

7. What beliefs or goals did this mentorship help solidify for you?

Brandon Bosque: The first belief was that there is no such thing as a cookie-cutter MSL. One MSL team may be responsible for and do things completely differently, and that's ok. Without this program, I may have felt more compelled to try and emulate random MSL peers– thinking what they do is "standard" –while maybe their policies might not be completely appropriate for my company and our goals.

Also, we *still* continue to ask questions and use the group as a sounding board. Though the program is officially over, we keep our email chain going and volley questions and "are you guys dealing with anything similar?" issues. Even if it's just to vent or validate your feelings without having to voice any concerns internally at your own company.

My goal is to continue to pay it forward with mentorship. Much like when I was chief resident, I took the task of mentoring younger residents and medical students very seriously. Beyond my innate desire to teach and make those around me better, when I teach something, it etches those principles in my brain. Gaining more confidence as an MSL has allowed me to confidently begin to mentor newer MSLs and it engrain in me that—yea, I have a pretty good handle on this MSL gig and I'm darn good at it!

Ray Veronneau: The belief that although the MSL role changed drastically during COVID, does not mean we can not succeed as MSLs. Finding new strategies to engage and obtain insights helped not only in this environment but for other obstacles and barriers I may face in my career.

David Silver: For the most part the mentorship only validated the good work that I was doing within the organization.

Andrew Cobert: Look for more opportunities to network within my company with as many individuals as possible. You never know what you will learn just by proactively reaching out to someone and starting a conversation.

Bryandt Douglas: I will continue to reach out to my cohort.

Attila Mihalik: I have already made many necessary changes based on the best practices to advance to a regional medical director role. Some examples include personally connecting with KOLs, improved email exchanges, understanding regulations and how they apply, and bettering my knowledge about the various roles within the industry.

8. What beliefs or goals did this mentorship help solidify for you?

David Silver: This helped me feel confident that making the change from pharmacy to pharmaceutical industry was the right choice for me!

Andrew Cobert: The MSL community is small and close-knit. Everyone is friendly and willing to help. I have found mentorship in all MSLs that I have connected with. We all just have this desire to "pay it forward" and it's (clearly) because of the foundation that the legacy MSL community has laid.

Attila Mihalik: The mentorship solidified my belief in the MSL role and how amazing of a position it is. Even though I am being promoted, I believe that the mentorship allowed me to see how great this role is for work/life balance and for long-term stability.

Author:

Dr. Samuel Dyer
CEO and Chairman of the Board

Dr. Samuel Dyer has over 21 years of experience within the International MSL community while working for a number of top global companies. During his career, he has led MSL / Medical Teams in multiple TA's in over 60 countries throughout the U.S., Canada, Europe, Africa, Middle East, Australia, and Asia.

His management experience includes small (2+) to large (240+) MSL teams across multiple TA's. Throughout his career, Dr. Dyer has worked on MSL and Medical Affairs strategy and has extensive experience in creating strategic MSL utilization and medical communication plans. He has designed and created global MSL training programs that have included: onboarding programs, KOL Medical communication plans, strategic assessments, planning, and execution in geographical locations with diverse cultures /languages. Dr. Dyer has successfully launched both pharmaceutical and medical device MSL teams both in the U.S. and internationally.

Dr. Dyer has also written extensively on the Medical Science Liaison role, including numerous published articles, benchmark studies, and reports. Dr. Dyer is well recognized within the global MSL community and has developed an extensive international network within the Pharmaceutical, CRO, Medical Device, and Biotechnology industries. He is the owner of the largest group on LinkedIn for MSLs and Medical Affairs with over 25,000 members. He has spoken and moderated several international conferences on various MSL topics including KOL management, creating MSL teams, MSL training, international MSL teams, and the value of the MSL role and Medical Affairs. Dr. Dyer is consistently sought out as a resource and consultant for MSL projects that have included diverse companies such as McKinsey Consulting, Bain and Co., and Philips Healthcare.

Dr. Dyer has a Ph.D. in Health Sciences and did medical training in Chicago. He has a Master's Degree in Tropical Biology (where he studied in the Amazon) and has a B.S. in Biology. Dr. Dyer also completed a certificate program for Executive Leadership and Strategy in Pharmaceuticals and Biotechnology at the Harvard Business School.

Dr. Dyer is the author of the Amazon #1 Best Seller "The Medical Science Liaison Career Guide: How to Break into Your First Role" (www.themslbook.com) which is the first book published on how to break into the MSL role.

The MSL Role in The Post-Pandemic Scenario: Lessons Learned and Future Prospects

October 2021

The COVID19 pandemic has impacted the MSL role and how they interact with KOLs. However, even in this dire situation, 53% of

KOLs still consider face-to-face engagement with MSLs very important. Therefore, it is vital to effectively promote this engagement in an adapted way. The MSLs and the KOLs have to adapt to this novel situation, where face-to-face meetings are not always possible due to COVID19-related restrictions. Thus, this article aims to identify the major challenges faced by the MSL community during the COVID19 pandemic and provide some pieces of advice to increase the engagement with KOLs in the post-pandemic era.

Building virtual relationships during the pandemic, a major challenge for the MSL community

The COVID19-related restrictions have impacted the strategies and the communication channels classically used by MSLs to contact their KOLs. Consequently, several alternatives have emerged as possible solutions to the inability of meeting in person. For instance, MSL teams reported email 2-way engagement to be more effective than phone calls, yet this engagement strategy is far from perfect. Email engagement oscillates from medium to low due to its dependence on several unpredictable factors such as email saturation or lack of accessibility, which also increases the delay in the response.

An online survey from 975 MSLs has confirmed that building new relationships with KOLs is the major challenge MSLs faced during the COVID19 pandemic (*Primary challenge facing MSLs during the COVID19 pandemic survey, 2021*). As it can be seen in Figure 1, building new relationships with KOLs emerged as the primary challenge during the COVID19 pandemic. Delivering value in virtual environments has also proven to be a major challenge. Despite these challenges, online applications such as Zoom, MS teams, Webex, among others have been proved to be key platforms, and are here to stay.

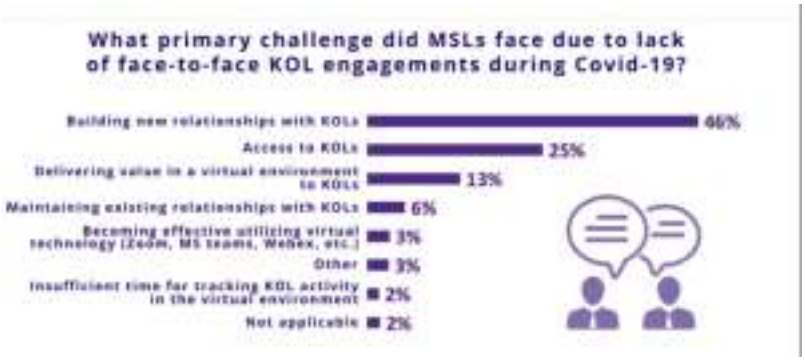

Figure 1. Challenges MSLs faced during the COVID19 pandemic (*Primary challenge facing MSLs during the COVID19 pandemic survey, 2021*).

As it can be seen in Figure 2, the data from the online survey revealed that, on average, 42% of MSLs spent 1-3h in a typical week on virtual engagements, which highlights the importance of this channel during the pandemic.

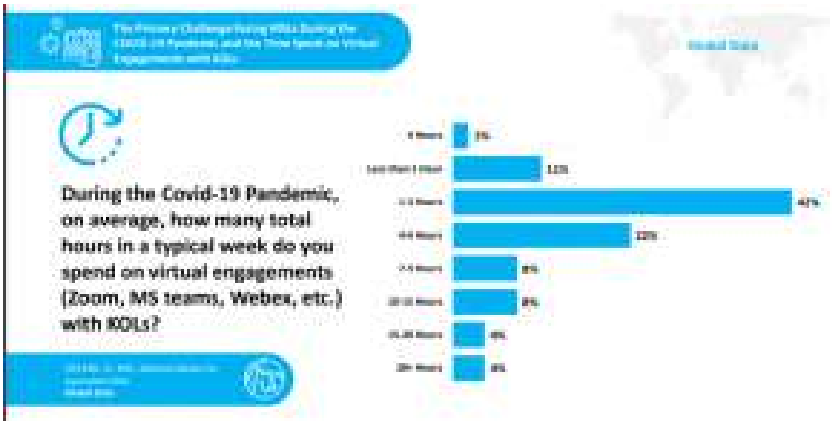

Figure 2. Hours spent on virtual engagements by MSLs, Sr. MSLs, and Medical Advisors (or equivalent). Global data were pooled from 509 responses (*Primary challenge facing MSLs during the COVID19 pandemic survey, 2021*).

Tips and tricks to improve KOL virtual engagement

The screening of MSL experiences suggests various strategies to increase KOL virtual engagement effectiveness, such as: to include novel clinical or preclinical data in emails; to inform about new lines of research, products, or indications; to ask availability for a face-to-face meeting, and to personalize the email to meet the specific needs of the contacted KOL. The current

COVID19-related restrictions that are being applied in the covered territory of the MSL and the possibility to combine face-to-face and virtual meetings will define the engagement strategy of the MSLs.

Especially in the post-pandemic scenario, the KOL has to go first. Hence, MSLs should know about the clinical practice and work experience of the contacted KOL, be concrete and right to the point, answer their questions and meet their needs during the engagement. There are other tips that may account for a successful engagement: being aware of which content KOLs share on their social media to know their interests and having personal notes about all the points that you want to talk about to define a clear objective for each concrete meeting. All these tips will help the MSL community to better identify the specific needs of their KOLs and thus, to personalize the interaction. In all, MSLs need to personalize the engagement, and to be brief, the focus of the engagement has to be the KOL, not the MSL metrics themselves.

A concept that emerges as an important advantage to stand up in virtual meetings is the personal digital brand of the MSL. Finding a way of being memorable in a digital environment is going to be essential to really make a difference.

Every ending is always a new beginning

The MSL role is changing. The COVID19 pandemic brought not only to MSLs but to the worldwide society, a paradigm shift in the way of living and working. Changes usually carry restlessness, but also new opportunities, especially for the MSL community given that MSLs are experts handling changes and unexpected events to find insights that could drive changes for potential improvements.

Healthcare companies and hospitals are now more prepared than ever in the use of digital resources. Exploiting the virtues of face-to-face and virtual interactions may constitute a new beginning for the MSL role. A hybrid model allows for better optimization of time. It also allows for more continuous KOL contact and support on issues that can be effectively addressed virtually. A hybrid engagement model also brings challenges since it requires training in skills that may have not been that relevant in the classic model. Digital skills, learning agility, resilience, adaptability, emotional intelligence, influencing capacity among other skills are essential in this new scenario.

Furthermore, training these skills makes it easier to understand and implement innovative tools, novel technologies, and resources, which is now occurring in the healthcare sector. This is the case of Artificial Intelligence for instance, which offers promising prospects to healthcare professionals and the MSL community. These digital resources will help MSLs to better analyze, correlate and manage engagement data and insights, allowing them to anticipate KOL needs. This virtual scenario will also facilitate medical education and attendance of healthcare professionals and MSLs to worldwide events without limitations.

Yes, the COVID19 pandemic has brought many difficulties, but also new opportunities. The pharmaceutical industry should consider this as a great chance to move forward to adapt to the digital era. MSLs now have more tools than ever to rethink and renovate engagements, developing a hybrid engagement model that will combine the virtues of face-to-face and virtual meetings.

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Antonio holds a Ph.D. in Biomedical Sciences and has over 6 years of experience as a preclinical researcher in the areas of, human genetics, neurobiology, immunology, and tissue regeneration. He is currently enrolled in an MS in Clinical trials and

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Beatriz Cuéllar, MSc is Field Medical Excellence Manager at Takeda. She has a Pharmacy degree and a master's degree in Pharmaceutical and Clinical Research. For the last 10 years, Beatriz has held different roles at key pharmaceutical companies, always within medical affairs. She started in research and then moved to MSL positions, which allowed her to fully understand its different particularities and become really passionate about the role. At present Beatriz is responsible for the planning, execution, and alignment of the in-field strategy, processes, and systems for MSL teams. She loves supporting and inspiring MSLs to enhance their capabilities and skills so that they become high-performing and best-in-class teams.

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Martina has more than 13 years' experience in the Pharmaceutical & Biotech industry, in Training, Marketing, and Medical Affairs departments, overseeing both national and international projects for subsidiaries and headquarters within a multicultural work environment. She is currently an MSL with Gilead, focusing on COVID-19 ant-viral drugs. In 2019, she received the MSL of the Year-Outside USA from the MSL Society.

Cristina García García, MSc

Cristina has more than 10 years of experience in the Pharmaceutical & Biotech Industry. She is currently an MSL Manager at Persan Farma, specializing in Clinical Nutrition, especially focused on therapeutic areas as Endocrinology, Oncology, Surgery, and Gerontology. She is developing her doctoral thesis at the Department of Biomedicine, Translational Research, and New Technologies at Malaga University.

In 2019, she received *the MSL Manager Award of the Year (Outside USA) from the MSL Society.* She is also a member of the Advisory Committee in the Spanish Chapter of the Medical Science Liaison Society.

Javier Mateo

Javier Mateo is an MSL Lead with more than 3 years' experience Career and life achievements to date are centered on making a difference, creative problem solving, and working in high-energy teams with honesty and integrity. Always close to innovations and new discoveries, very much patient-focused with medical and business vision and in a continuous learning environment. Accountable for the overall performance of the MSL team and the ongoing capability development by effectively leading, coaching, and managing.

Putting Social Data to Work in Medical Affairs

October 2021

Introduction

The emerging role of big data, machine learning, and artificial intelligence in the healthcare and pharmaceutical industries is indisputable.[1,2] While many larger pharmaceutical companies have teams in pharmacovigilance or marketing that monitor, collect, and draw meaningful conclusions from big data (extremely large datasets), medical affairs and field medical professionals should not shy away from learning how to personalize, manage, and analyze big data as it pertains to their drug portfolio, disease state, or region. An emerging body of literature has utilized free, open-source frameworks (i.e., Google Trends) to monitor regional and temporal interest in drug side effects, voluntary vaccination participation, scientific data dissemination, and off-label drug use.[3–6] As a follow up to our previous article published in the July 2021 issue[7], which deployed a similar framework for monitoring trends in the medical science liaison (and related) careers, the aim of this article is to help others in medical affairs access, properly analyze, and implement big data into their medical affairs strategy, including recruitment, KOL engagement, and trend identification.

Methodology

Identifying which databases to scrape

Identifying robust databases (i.e. search engines or social media platforms) is vital for ensuring that enough data is readily available for analysis. The aim should be to utilize the tool that has the highest market share in a given region or to carry out a multi-database analysis (using more than one search engine/social media platform's data). Regional and temporal changes in the market share of such platforms are freely available at gs.statcounter.com.[8] Temporal (2015-present) and average data of search engine and social media platform market share is presented in Figure 1 a & b. For the United States, Google has consistently been the go-to browser for most internet users. Additionally, Google Trends (GT) is a free and useful tool to visualize, investigate, and gather social data. As a platform, GT gives users access to temporal and regional data of up to five

search terms. When terms are searched in combination, their search volume is given relative to one another. Additionally, regional data has exceptional granularity, with data ranging from countries to metropolitan areas. GT has a fundamentally intuitive design that is highly customizable and easy to maneuver. More in-depth training (i.e., differentiating search terms from topics, fine-tuning verbiage, etc) is available free of charge on Google News Initiative's Google Trends course series (and even comes with a certification).

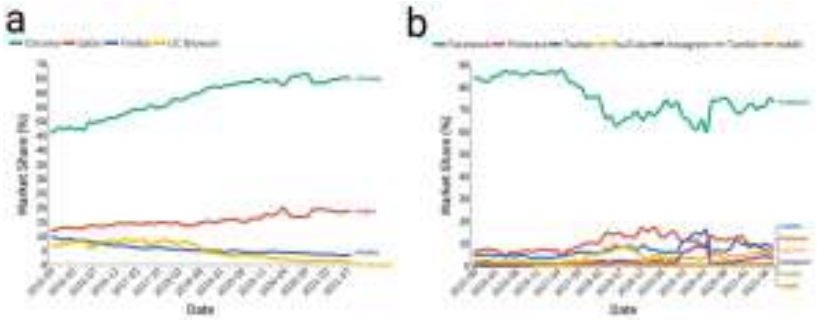

Figure 1. Market share of (a) internet search engines and (b) social media platforms from 2015 to present. Data Source = StateCounter.

Fine-tuning and extracting data

As medical affairs professionals, it is important to understand how this data can be used to generate new insights, create engagements, and help direct field medical plans. Tailoring searches over certain timelines (i.e., during key marketing campaigns or before/during/after the FDA approval process) can lend valuable insight into how HCPs and the broader public are searching for certain therapeutics. As GT normalizes all search interest as relative to a "maximum interest" over a given time point, establishing a timeline is vital for extracting the most valuable information. Additionally, it is valuable to consider the region in which the search is carried out. In most cases, we recommend searching for terms within the desired time window (+/- several weeks) and at a country level. Then, as state, metropolitan, and city data permits, more granular searches can be carried out. An example (using the term "Keytruda") is shown in Figure 2 (temporal) and 3 (regional). Following a search, four data sets are immediately available for download: temporal data ("interest over time"), regional data ("interest by subregion"), related topics, and related queries. Temporal and regional interest are both downloaded as simple CSV files including the search terms, their corresponding dates of data collection, as relative search volume (RSV). Related topics and queries are crucial for contextualizing motivations for search volume. GT assigns quantitative values for interest in related searches, which lends insight into how rapidly a related search has arisen. For example, when Keytruda® is searched over the last 12 months and within the United States, related topics include: "Scott Hamilton", "fatigue", "prognosis", "hypothyroidism", and "myasthenia". Related queries include: "keytruda mechanism of action", "keytruda commercial", "lenvima", and "keytruda cancer treatment". Unlike search queries, topics include searches closely associated with the particular search phrase. So how might an MSL interpret these results? The related queries "keytruda mechanism of action" and "lenvima" may suggest a significant portion of search volume for these terms came from KOLs and HCPs, given their scientific terminology. Additionally, it offers insight into which applications (these are often off-label indications) searchers associate with Keytruda®. This can be particularly useful as a method to rapidly scan for off-label indications, side effects, or regional discrepancies in drug access.

Figure 2. Temporal relative search volume in the search term "Keytruda". Data Source = Google Trends

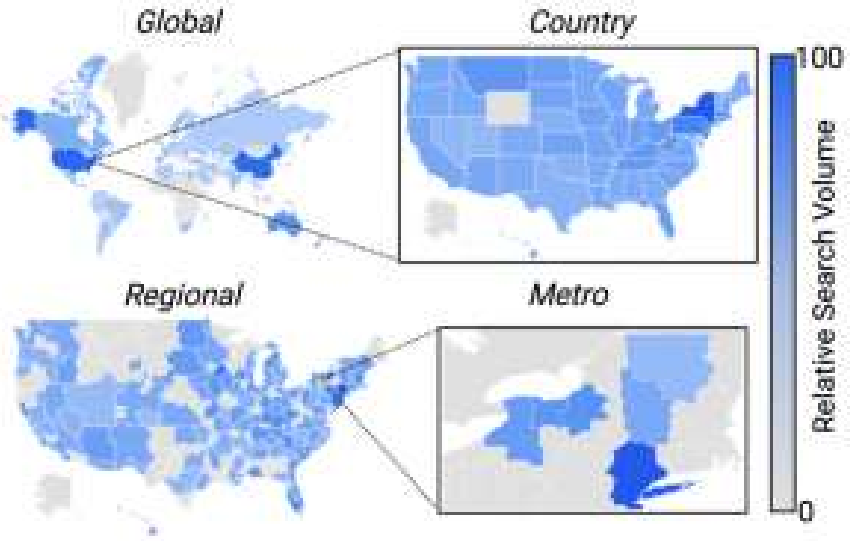

Figure 3. Regional search volume for "Keytruda" in global, country, regional, and metro areas. Data Source = Google Trends.

Analyzing & visualizing data

Taking a peek at GT data is almost always interesting, as it allows us to take a large-scale look at how people are searching for our companies, therapies, and institutions. While this is interesting, it may not be particularly useful in and of itself. For MSLs to put meta social data to work, they must analyze and visualize the data to draw meaningful conclusions. In the previous section, we discussed how to extract social data. Here, we want to talk about functionalizing it for medical affairs. Many of us still have access to statistical analysis software (GraphPad Prism, R, SPSS, etc.) that is excellent at generating graphs and carrying out analysis. As field medical professionals, though, the data must be put to use and told as a story. One of the best platforms to accomplish this quickly and for free is through utilizing Flourish. In addition to creating beautiful graphs, Flourish allows users to create interactive, transformative, and engaging stories with their data, making it ideal for presentations. To create stories with GT-generated data, we think smoothed temporal data and illustrative regional data are logical and quickly convey messages to HCPs and KOLs. Tables containing related topics and queries can also be created to help contextualize data sets. Temporal data can be averaged to generate statistical analysis (i.e., taking the average RSV before and after a marketing event), which leads to insight into how certain events impacted the relevancy of a therapeutic. On their own, regional and temporal data can lend insights into trends in a therapeutic area or regarding a certain drug, though the true power of meta social data is in prediction and correlation.

Regression analysis with the second data set

The introduction of a second data set to RSV transforms social data from observational to predictive and actionable. Several studies have demonstrated that changes in temporal RSV can, with high fidelity, predict participation in vaccination, elective surgical procedures, and even help identify emerging diseases [3,9,10] In each case, secondary datasets (vaccination numbers, claims data, and COVID-19 diagnoses) were used in a correlation analysis to investigate if social interest was significantly correlated to the secondary data set. Further analysis (Augmented Dickey-Fuller and Lag-Correlation) can provide insight into whether a trend is "noise" or a significant deviation in expected fluctuations and how long a change in social interest is "realized" in the secondary data sets. MSLs may consider pairing RSV data with FDA progression, marketing data, prescription data, claims data, sales and revenue data, or any other on-hand data that may be useful for medical affairs or KOLs. We present this unique use case in the following example, which illustrates how temporal changes in interest in Keytruda® and Opdivo® significantly correlate to their realized quarterly revenue.

Results

Case Study – Keytruda® and Opdivo®

In this use case, the objective was to determine whether RSV in two key cancer drugs, Keytruda® and Opdivo®, could significantly predict their quarterly sales data. To this end, sales data for each drug was accessed through a third party, and GT data was extracted from Q1 of 2015 to Q1 of 2021. Using Flourish, we plotted the increasing sales data of both drugs by fiscal quarter (Figure 4). Though both drugs are still experiencing market growth in sales, their rate of change varies dramatically.

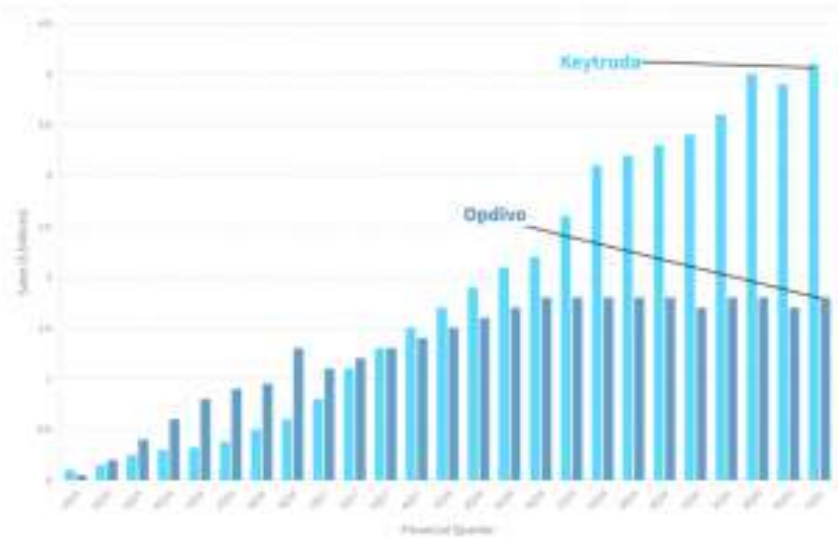

Figure 4. If we compare the sales by grouping them into financial quarters, we can see where Keytruda® sales overtook Opdivo®

Up to 2017, Opdivo® dominated the market space. Notably, in Q3 of 2017, a switch in sales leader occurred. When RSV is overlaid with sales data, it becomes immediately clear that a change in social interest predicated the switch in sales data (Figure 5). The optimized lag period of around 12 months suggests that this social interest change was fiscally realized 12 months later.

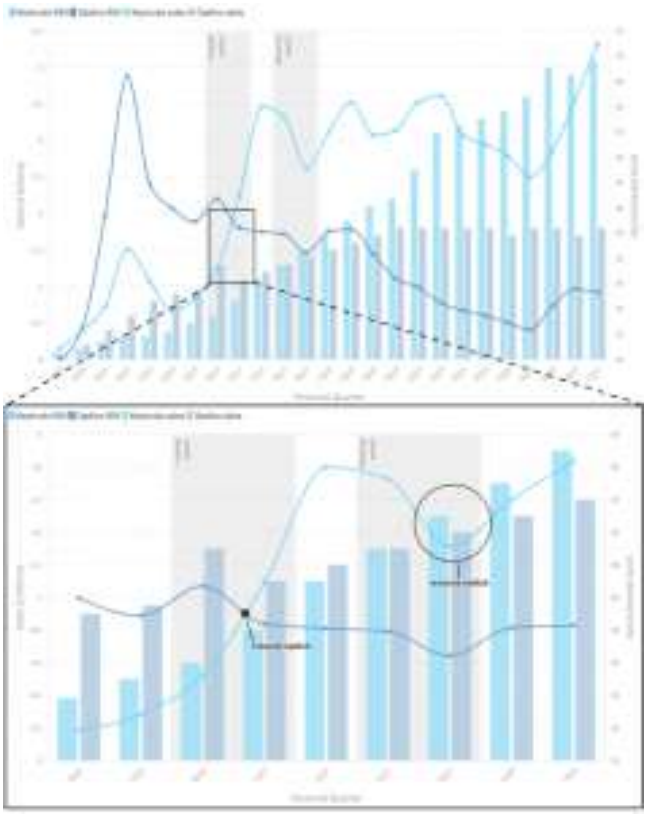

Figure 5. Top: RSV (lines) overlaid on quarterly sales. Bottom: Zoomed region of RSV and subsequent sales leader switch.

Regardless of the reason behind the change, the significant correlation between the two data sets suggests a relationship between drug sales and social interest that is actionable for medical affairs and marketing. Questions that may incite action following this analysis may be: “Where are these changes in social interest occurring?” and “How is our engagement in these areas?”. Regional analysis from Q2 2016-Q2 2017 demonstrates a stark regional contrast in RSV switch (Figure 6). MSLs and field medical can use these tools to predict where a field presence may emerge, or where increased efforts at engagement may

be warranted.

Figure 6. Regional interest in Keytruda and Opdivo from Q2 2016-Q2 2017. Color intensity reflects increasing social interest. Data Source = Google Trends.

Medical Affairs Use Cases

Meta social data analysis is by no means a new concept, though its implementation and widespread use has not been broadly adopted by most industries. In medical affairs, specifically, social data analysis can bring a lot to the table. Arguably one of the most important and simplest use cases is monitoring how well scientific data is disseminated within a region and between regions.[4] A simple look at how people are searching for a certain drug, therapy, or disease gives a realistic and unbiased look into how well scientific information has been conveyed. Off-label drug use can be monitored with social data analysis as well. When searching for a drug, checking the related searches or related queries often reveals a correlated increase in off-label drug uses or associated side effects.

GT tools can be especially useful to a medical affairs organization for a number of applications. As a drug matures in its development and data readouts progress (such as key publications, congress abstracts, and regulatory approvals), GT can provide an immediate social impact of such catalyst events that may be able to illustrate not only quantitative/regional search data, but also shed light on potential qualitative factors such as the perception of drug's safety profile/efficacy. Properly assessing these factors could potentially inform a medical affairs team to best anticipate KOL needs in the field and properly prepare MSLs for an impactful drug launch based on the specific needs of each region. In the post-approval setting, GT data could help identify knowledge gaps, off-label, and real-world usage trends that would ultimately serve as strong guiding factors to future indications as well as the company's overall development strategy.

Limitations

It is important to keep in mind possible limitations associated with using meta-social data in any type of analysis. GT provides little demographic information about searches and expresses all searches as relative, not absolute. While this prevents population-dense regions from dominating searches, it also prevents users from quantifying raw search values. Additionally, search terms, such as a specific drug name, that do not generate significant search volume do not yield meaningful data (a problem that increases with decreasing geographic size). Finally, to best utilize GT, a "syntax screen" is a necessary and timely step to understand how users are searching for your query of interest.

Conclusions

In this follow-up study, we introduce and describe a framework for accessing, extracting, analyzing, and contextualizing social metadata and demonstrate how such a tool can be used in medical affairs. Additionally, we demonstrate how a changing social trend in two highly-used cancer drugs is realized in sales after approximately 12 months. As artificial intelligence and big data continue to improve, MSLs and medical affairs teams can use similar data to understand where and when trends occur and adjust their field medical teams accordingly. Trends in a disease state, off-label drug use, side effects, etc can offer valuable insights that can be proactively addressed in KOL engagements. Geographic data can be used to assess scientific data dissemination within a region, locate trending HCPs/KOLs and hospitals, universities, and clinics that may be of interest to MSLs

and medical affairs teams. Overall, we hope this mini case study helps MSLs proactively collect and manage new insights and understand trends in their therapeutic space and within their regions. For any questions or ideas, please reach out to Alec McCarthy (alecdmccarthy@gmail.com).

Disclaimer

Timothy Bielecki is an employee of Sanofi Genzyme. His views are his own and do not necessarily represent those of his employer. Nicholas Wojtynek is an employee of Karyopharm Pharmaceuticals. His views are his own and do not necessarily represent those of his employer. Alec McCarthy is a PhD Candidate at the University of Nebraska Medical Center. His views are his own and do not represent those of his employer. None of the authors are affiliated with Google, Merck, or Bristol Myers Squibb and no compensation of any kind was received for the work.

Useful Links

[1] statcounter: gs.statcounter.com

[2] Google Trends: trends.google.com

[3] Google Trends Lessons: Google News Initiative Training Center

[4] Flourish Data Visualization: flourish.studio

[5] Cancer Drug Case Study: https://public.flourish.studio/story/970563/

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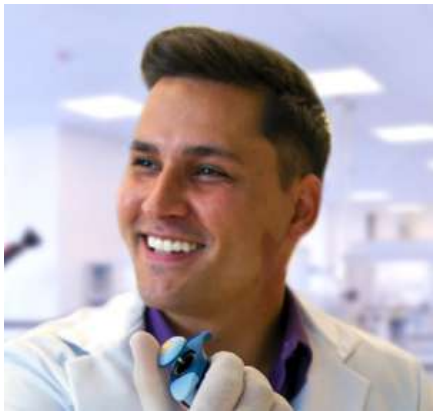

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Tim Bielecki received his BA in Biology at Carleton College in 2011 and his PhD in Cancer Biology at the University of Nebraska Medical Center in 2017. Tim is currently a Solid Tumor Medical Science Liaison at Sanofi and strives to digitally innovate the profession by using the skills and knowledge he gained from his past experiences.

An X-Ray Of The Role Of The MSL

October 2021

The radiography of the role of a Scientific Liaison Physician was based in times ago on the one-to-one interactions that this professional had with the stakeholders, sharing relevant scientific information, new scientific data, updates from congresses, and academic activities, among others.

Currently, a value proposition of the Scientific Liaison Physicians is aimed at developing several pillars within their role, always carrying a high scientific knowledge, developing strategic thinking and cooperative work with the different areas of a company; as well as gathering insights and unmet needs from the field.

The key to the game lies in an adequate balance between the traditional strategies with which we have been working, and incorporating those that we consider that a stakeholder wants to see, such as providing solutions to those unsatisfied needs, that these solutions are innovative and that they can multiply that added value, as well as being able to interact in a multifunctional work within organizations.

Definitely, at present, the role of the MSL cannot be alien to the technological revolution worldwide, and that has been the result that an MSL can transform the delivery of its messages, and can carry out multiple activities, taking the different omnichannel alternatives, apps, artificial intelligence as platforms to improve this scientific exchange, which is becoming more relevant every day within the medical field and others that can be covered, providing and overturning the traditional way of delivering and exchanging scientific messages.

And when we talk about a value proposition, we talk about being able to respond to the needs that our stakeholders require, communicating in an innovative, creative, scientific way, and using the best storytelling that can be put in place every day to carry a high-level scientific message; having that link as indicated in the name of its role “Liaison”, with the different departments or areas of a company, and thus be able to provide a 360 response as a company, clearly counting on adequate communication with all the necessary parts, without forgetting that your answer is based on scientific value and high knowledge.

As a relevant topic, for an MSL to have a transcendental impact, we must definitely be aligned with the soft skills that every day

in each role become indispensable. However, for the MSL, which, although it is true, are personal attributes, they are indispensable for dealing with stakeholders; problem-solving, communication skills, teamwork, organization, critical thinking, emotional intelligence, adaptability, resilience, and empathy, are among others some of the key soft skills to achieve a positive impact both at the internal and external within the role of a scientific liaison doctor. (1)

And that is why every day we work to develop and enhance not only our hard skills but also our soft ones, to advance in becoming an integral professional, who is capable of responding to different objections and that makes a difference in a business environment and in the hospital environment.

Reference:

1-https://www.universia.net/co/actualidad/empleo/habilidades-blandas-que-son-que-importante-desarrollarlas-1078831.html

Author:

Beky Ortiz Sedano, MD, MSc, MBA

Beky Ortiz Sedano, MD, MSc, MBA, is the Medical Sciences Liaison (MSL) Leader at Abbvie for the North Region of LATAM. She has a Bachelor of Medicine, a Master of Pharmaceutical Medicine, and a Master of Business Administration. For the past 13 years, Beky has held a variety of positions at key pharmaceutical companies, always within medical affairs. It started in Medical Information, Pharmacovigilance, Patient Program, clinical Operations, and Medical Manager. She then moved to the MSL Leader position, which gives her an understanding of people transformation and development. Currently, Beky is responsible for planning, executing, and aligning strategy, processes, and field systems for MSL teams.

Beky loves to lead by example, to be an inspiration in relation to autonomy, dedication at work, and work & life balance, always aiming to convert high-performance teams and functional Cross work.

A Guide to Global KOL Network Mapping – Data Driven, Objective, Compliant

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Field Medical/MSL Management, particularly in Europe, more often abandon the concept of “KOL Influence Networks”. The negative connotation of the term “Influence” and the practical challenges in determining “Influence” (e.g. asking MSLs to fill CRM data fields with information on who is influencing whom, etc.) have always been pain points in the global “KOL Influence Network” analytics, both from an operational and compliance perspective.

On the other hand understanding the dynamics in the communities of practice is highly valuable information for MedAffairs/Field Medical in order to accelerate the diffusion of innovation, calling for a data-driven, objective and compliant approach to KOL Network Mapping.

Joint scientific activities as a foundation to determine KOL Networks

With the evolution of data collection and processing technology in KOL research, analyzing “Professional Interactions” (instead of “Influence”) based on publicly available and objective data points for joint activities, e.g. publishing papers together, being in the same advisory boards, etc. becomes the gold standard of KOL Network analytics, providing very powerful insights.

Looking at the type of professional interactions (respectively joint activities), you can distinguish between those that would most likely imply some kind of personal interaction versus those that have not necessarily established a personal connection.

The strongest indicator for professional interactions leading to a personal relationship is obviously the same current or past workplace. If two experts have worked e.g. in the same department of a hospital, it is highly likely that they know each other (well). As a practical application, this piece of information (together with other data analytics) can be used to identify so-called Emerging Experts/Rising Stars. Medical experts early in their career who work under an established KOL starting to contribute to their research projects and receiving the KOL’s support are interesting candidates to become KOLs themselves in the future.

Other examples for joint professional interactions most likely indicating a closer relationship between the KOLs are:

- Industry Advisory Boards
- Journal Editorial Boards
- Medical Congress Organizing Committees
- Medical Guideline Committees
- Professional Association Committees
- Patient Association Group Committees

It becomes obvious that joint professional interactions in a setting with a comparatively small group of experts and regular personal or virtual exchange are strong (er) indicators for KOL relationships.

In contrast, activities with a large number of involved KOLs with no or only limited institutionalized personal exchange can be considered as weak (er) indicators for KOL relationships.

A typical example would be presentations at the same Medical Congresses or involvement in the same Clinical Trials as an investigator. Both are joint professional activities for which the relevant data points will become part of any KOL interaction analysis, however, those two activities alone would not be sufficient indicators to establish some kind of relationship between these KOLs. Joint publication authorship sits somewhere in between the above two groups of KOL activities.

Data Privacy regulations apply to data collection and processing

All of the above information on KOLs can be collected from publicly available data sources like pubmed, clinicaltrials.gov, and other clinical trial registries, medical congress websites, medical journal websites, etc. Although these data points are all freely available on the web, it is important to understand that under the EU-General Data Protection Legislation (and similar legislation

for other countries) this data is considered “personal information” and for European data subjects (KOLs) the respective EU-GDPR regulations apply.

From an operational and compliance perspective, EU-GDPR Art. 14 “Information to be provided where personal data have not been obtained from the data subject” is probably the most important data privacy rule to comply with because it states that the data controller (a company who collects KOL activity data points) needs to provide the data subjects (KOLs) with specific information regarding data collection and processing as well as their rights under EU-GDPR including the right to “request the erasure of personal data” (opt-out).

Generating insights from millions of data points

Even if you only consider for example the last three years of scientific activities for a global KOL Network analysis in a broader indication with strong research activity (e.g. oncology), you would arrive at hundreds or even thousands of relevant KOLs and consequently a very large amount of joint activities to derive your professional interaction network from. In order not to get confused with hundreds of connections for individual KOLs here are a few tips on how to create insightful analytics:

1. Prioritize the joint KOL activities and weigh them accordingly

As explained earlier, different scientific KOL activities can be characterized as stronger or weaker indicators for the type of relationship respectively “connection strength”. Depending on the use case, it can be beneficial to develop a system combining quantitative (total number of joint interactions, total number of different joint activities) and qualitative (type of joint interactions) aspects of common professional interactions between KOLs to map their networks in a practical way.

2. Group the KOL Network connections

Even if you apply all of the above you still might end up with dozens of highly relevant connections for a Top Global KOL, so you might want to consider analytical options to further narrow down the network universe for immediate use cases, like looking at the TOP decile or TOP x number of network connections.

3. Use case-specific analytics

Depending on your actual use cases you can apply all sorts of analytics to your KOL network data sets. Here are a few examples:

Analyze a KOL network concentration curve. You would find those with a smaller number of comparatively strong connections compared to those with many but not so strong connections.

Analyze a KOL’s network development over time. Are there any experts with whom the KOL has developed a stronger relationship over time (collaborated more often and in an increasing number of different activities)?

The described approach to KOL Network analytics has three distinct advantages:

1. It is data-driven and objective
2. It can be applied in a consistent manner across countries and geographies globally
3. It is fully data privacy compliant

…and thus eliminates subjectivity (and potentially related compliance issues) in the KOL Network Mapping process while providing high-quality, full market coverage insights.

Author:

Marcus Bergler, Msc

Marcus Bergler is a globally recognized thought leader in KOL Identification, Profiling, and Network Mapping.

Before joining D2L Pharma Research Solutions as Global Vice President of Sales and Strategy in November 2017 he served as General Manager Europe for Veeva's KOL business unit (now Veeva Link) after Veeva's acquisition of Qforma's/Mederi's Global KOL business in 2014 where he was also responsible for the EU KOL and Targeting business. Prior to joining Qforma in August 2013, he was VP Sales and Marketing at Cegedim Customer Information (CCI) providing nomination-based KOL Identification and Network Mapping to major life sciences customers.

Before he accepted the CCI assignment in March 2010, Marcus held positions as Consulting Principal and Sales Team Leader at IMS Health, Germany. From January 2003 until December 2006 Marcus was responsible for the business development of Rogers Medical Intelligence Solutions, New York (now Pharmaspectra) in the German market and for selected headquarter clients, providing innovative competitive intelligence and medical education services to pharmaceutical companies.

Prior to that Marcus gained consulting experience of 10 years in the healthcare/pharmaceutical industry. Marcus holds a degree in Economics from Ludwig-Maximilians-University in Munich.

From MSL to Medical Lead: A Journey Through Medical Affairs

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Ever wonder where an MSL career may lead? Read on for my interview with Dr. Ann McPherson, PhD, Country Medical Lead for Rare Diseases at Takeda Canada.

Many years ago, before I became an MSL, I had a moment of hesitation as I noticed that the higher-level positions in medical affairs were held by people with MDs, not PhDs like myself. I was worried that my options would be limited. Years later, having been an MSL in the field and a Medical Advisor in the head office, I am immensely grateful for this career in medical affairs. I am still discovering what roles lie hidden in this space. For that reason, I took the time to speak with my good friend and fellow science enthusiast Dr. Ann McPherson about her current role in medical affairs and **how her time as an MSL shapes her day-to-day work in a head office role**.

Ann McPherson, who holds a PhD in immunology from the University of Toronto in Toronto, Canada, is an accomplished medical affairs professional. She has held several MSL positions – you can check out her LinkedIn profile to learn more about her story (linkedin.com/in/ann-m-1607168). Currently, she is Country Medical Lead in Rare Metabolic Disease at Takeda, a role she has held for the last two years. Ann describes this as a dual role of medical advisor and MSL manager. I was really interested in

understanding why Ann chose this role and **how her previous MSL roles shape and influence her work**.

Ann started out as an MSL for rare diseases with Shire, now Takeda, in August of 2017 and held the position for two years. During that time, she fell in love with the rare disease space because the physicians are so passionate about delivering the best care for their patients. They go the extra mile, forming partnerships with Takeda and other industry members to better serve their patients living with rare diseases (where the unmet needs are huge). She forged meaningful connections with her customers and saw that she was delivering value, but as the sole MSL covering Canada's vast geography, she (and her family) needed a break from the travel. When the opportunity to take on the new role arose, Ann jumped at it. These days, Ann works closely with the National MSL in the rare disease space as well as cross-functional colleagues in marketing, regulatory affairs, and sales. She considers her time as an MSL in the therapeutic area as a critical success factor in her current role. The experience provided her with an in-depth understanding of the customer – something she wouldn't have had otherwise and would have been slower to develop without her time in the field. She also credits her MSL role for helping her identify a group of customers, rare disease nurses, who are instrumental in the management of these devastating conditions. Ann explained that those who haven't spent time in the field getting to know the customers first-hand are sometimes quick to dismiss the importance of nurses in this space. She admits that it can be challenging at times to convince others, but including nurses in the medical strategy has helped deliver value and grow the company's reputation in the rare disease space.

Another legacy of her time as an MSL is the connections she has with the thought leaders. **The time and effort Ann spent getting to know the healthcare providers helped her develop a deep understanding of, and empathy for, the work they do.** She is aware of the challenges they face and the hurdles they overcome to deliver the best care for their patients. When I asked her what it takes to do well in her current role, Ann explained that in order to succeed, she and her cross-functional colleagues need to work together, collaborate, and have open conversations about what needs to get done. Resources are limited and she often advocates for the physicians and patients. She emphasized that success hinges on empathy for her team members and for the customer. She also spoke about the value of the insights that MSLs bring from the field. Ann suggested that in order to understand what physicians are thinking, MSL managers – or anyone seeking to glean insights gathered by MSLs – might consider developing a series of engagement questions to capture information that might not naturally emerge from an unstructured conversation.

Throughout the COVID-19 pandemic, Ann has been able to re-engage with physicians and nurses to discuss the challenges they are facing, something she noted she will miss once in-person travel resumes and the frequency of these virtual engagements drops. Ann said these conversations are what fuels her and reminds her of why she chooses to work in this space. Despite missing some elements of the MSL role, she feels that as the Medical Lead, she is able to have a larger impact on the therapeutic area. She is in a position to work with her cross-functional stakeholders to allocate resources and decide which projects will get funded. The medical lead "ha[s] a voice," in these discussions, whereas the MSL "wouldn't be privy to those conversations [and] wouldn't have the ability to share those first-hand experiences." She describes this is a "missed opportunity" for the industry and one that is further exacerbated by added layers between MSLs and decision-makers.

I asked Ann to share advice for MSLs who are contemplating a move to a head-office role in medical affairs. She emphasized that MSLs should think carefully about whether they want the role and why. There are differences between head office- and field-based roles; each is accompanied by its own set of challenges and opportunities. In the office, you have a greater ability to make your voice heard. That being said, Ann stressed the **importance of listening to others' points of view** and working collaboratively across several business functions. She said this doesn't necessarily occur naturally and some handle it better than others. It is a skill that can be learned through practice. The key is to remember that "we're all part of the same team. Your colleagues need to be aware of what you're doing and vice versa." **Successful teams share insights and are not worried about trust.**

When I invited Ann to reflect on one thing that she would change to further enhance the success of the business, she said she would prefer more communication between the head office and the MSLs. **MSLs are uniquely positioned to have one-on-one customer meetings that drive business-critical insights.** Capturing those medical exchanges needs to be prioritized. She proposed that those discussions should take place minimally once every two weeks and ideally once per week. **MSLs bring a unique value to the organization – not capitalizing on their contribution is a missed opportunity.**

In our last few minutes together, I asked Ann to share her thoughts on what great leadership in medical affairs looks like. She explained that the right person will understand the intricacies of the role in the context of the broader business functions. **It is essential that the leader has empathy for what happens on the frontline and understands the value that the MSLs bring.** She added that "**to be an effective leader, you have to dismiss the ego. You have to accept that you don't have all the answers, but you are there to learn.**"

Reflecting on my conversation with Ann has strengthened my belief that empathy – towards the customer, towards our

colleagues – is a cornerstone of success in our, and indeed, in any industry. The MSL Society held an informative webinar on this topic, which can be accessed here <<Navigating the Impact of COVID-19 to Ensure a Successful Product Launch (themsls.org)>> along with a summary I wrote <<The Importance of Emotional Intelligence for MSL/KOL Engagements. – MSL Society (themsls.org)>>. If it is true that we are not born with a set amount of empathy to doll out in our lifetime, but rather that it is a skill that can be learned and improved upon with practice, I would challenge the leaders and influencers who read this (should I be so lucky to have your attention) to question what success might look like if **training and upskilling on empathy** became one of the annual mandatory courses that your team needed to complete. **What would you be willing to invest in empathy training if it meant that teamwork and customer engagement could soar through the roof, turnover could fall through the floor, and success could reach new heights?** It is my sincerest hope that at least some of you will have the courage to find out. I know I would.

Disclaimer: The thoughts and opinions expressed in this interview by Ann McPherson are hers and do not necessarily represent those of Takeda.

Author:

Darina Frieder, PhD BSc

Darina Frieder is an experienced Medical Affairs professional and is currently a Medical Science Liaison at UCB Pharma. She also runs her own medical writing business, Science Nerd for Hire. She lives in Toronto, Canada with her husband, 2 kids, and 1 temperamental cat. She is passionate about many things, a few of which are gardening, creating delicious meals for family and friends, and reading as many books as she can.

Clinician preferences for future advisory board participation; a summary of findings from 62 Industry-classified Key Opinion Leaders

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Advisory boards have long been recognized as a crucial component of the life sciences landscape and have been delivered almost exclusively in a traditional format, involving the face-to-face participation of the medical industry's most sought-after

opinion leaders.

The travel and social distancing restrictions imposed as a consequence of COVID19 forced the Industry to pivot from this traditional format and resulted in a near-universal adoption of virtual platforms to facilitate these events.

The collective sentiment from clinicians and industry alike suggested that these new virtual formats were a welcome addition to the meeting landscape and there is an appetite to continue leveraging such platforms in the future – but to what extent remains unknown.

Now that many countries approach vaccination targets and life sets to resume with some normality, questions exist around the ideal mix of traditional versus virtual meeting approaches.

To this, Swipe Health (a digital medical communications agency that had leveraged 4 different virtual platforms to facilitate advisory boards over the past 12 months) undertook market research which resulted in the feedback of 62 Industry-classified Key Opinion Leaders (KOL) regarding their preferences for future advisory board formats.

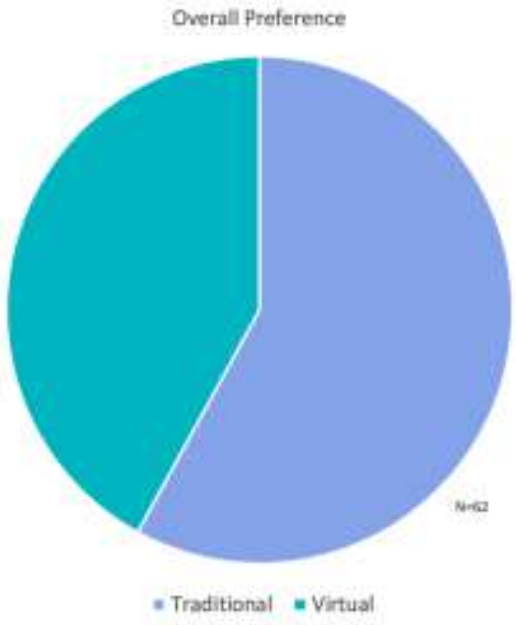
A summary of those results is as follows:

Question 1:

If you could participate in only one advisory board meeting per year, which would be your preferred format?

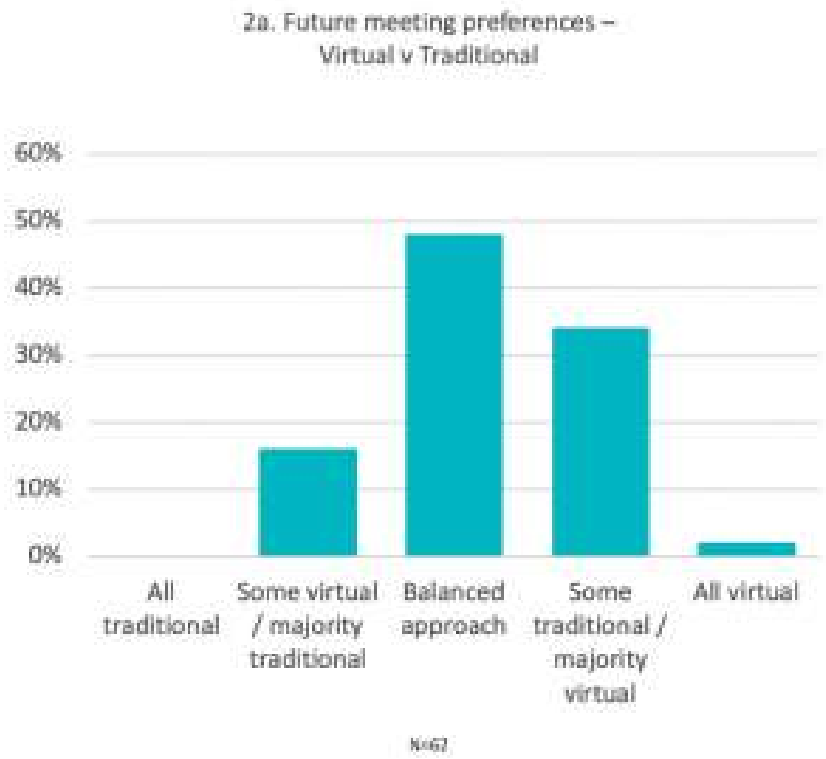
Option A: Traditional (face-to-face, in-person meeting)

Option B: Virtual (Any/all platforms including real-time video meetings or anytime/asynchronous discussion platforms)



With a surprising 42% of respondents preferring virtual as a one-off medium over traditional, these results demonstrate just how far both the Industry and clinicians have come in terms of digital adoption in a very short time. It is presumed that convenience is the primary driver that has influenced this shift. However, the majority still prefer the human-centered approach of in-person meetings, despite the clear benefits of virtual convenience.

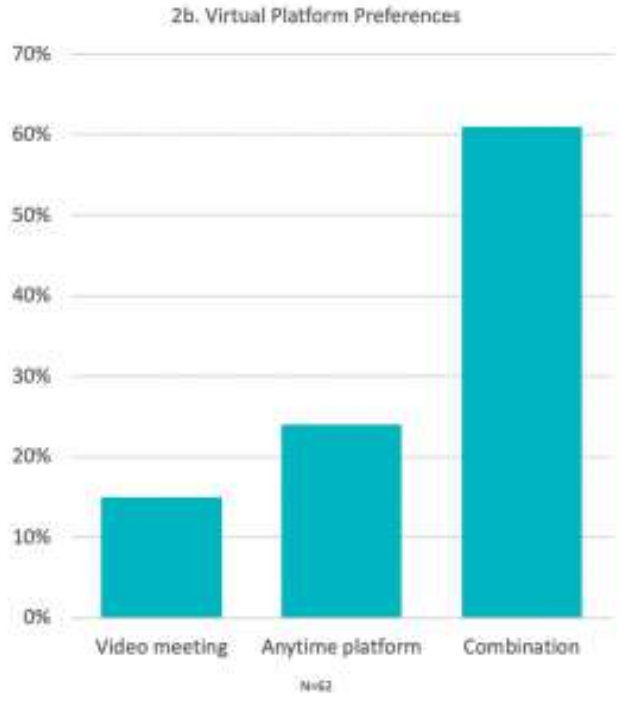
Question 2a: Looking forward, if you are invited to participate in several meetings/events per year, what would you prefer as the ideal breakdown of traditional versus virtual meetings?



Whilst there is a definite leaning towards virtual, what is abundantly clear is that clinicians value a balanced approach including both traditional and virtual events. The ideal balance will depend on the objectives, for example, a traditional kick-off meeting, integrated with an anytime discussion platform for a follow-up conversation.

It is worth noting that none of the respondents chose 100% traditionally.

Question 2b: Is there a preference for which virtual channel you'd rather engage with i.e. real-time video meetings v any-time discussion platforms?

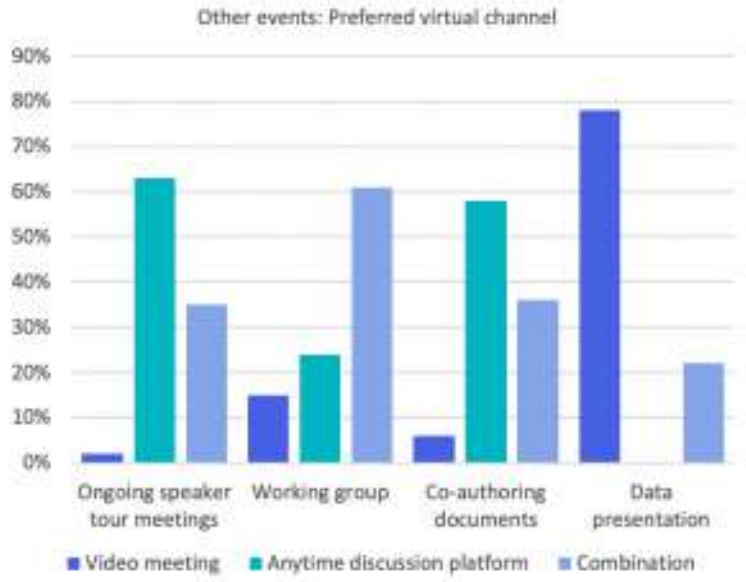


Industry-wide anecdotal feedback suggests that the ideal structure for multiple events (depending upon content and objectives) was an integrated approach. However, there are multiple methods to integrate the platforms for optimal engagement/insight generation.

Anytime platforms appear to be more popular than video meetings. Aside from the obvious benefits of convenience, this may also be put down to the lack of individual contributions via real-time video meeting format, there is a much more even spread of contributions amongst KOLs on the anytime discussion platforms.

Question 3: Thinking of other industry meetings (aside from advisory boards), what is your preferred virtual channel for each of the following:

1. Ongoing speaker tour meetings
2. Working groups/steering committees
3. Co-authoring documents
4. New data/materials presentations

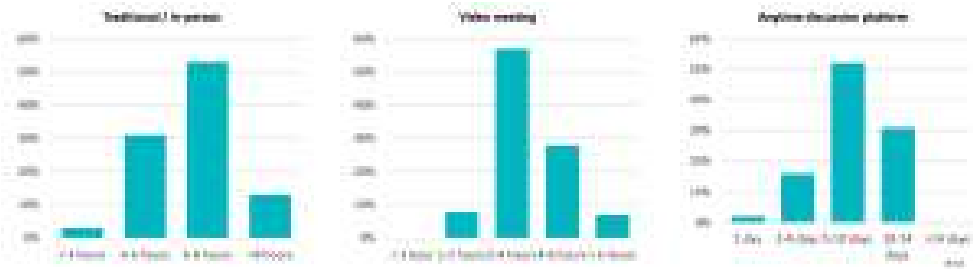


These results illustrate the importance of understanding what type of virtual platform to use and when. Presenting new data to stakeholders is much more meaningful and engaging via live video presentation, whereas working on documents is best done in an anytime environment.

One should also consider if an online event is necessary at all, as per one respondent's comment:

"Sometimes just happy to discuss some questions with MSLs at no charge".

Question 4: What's the ideal duration of an advisory board for each of the following channels:

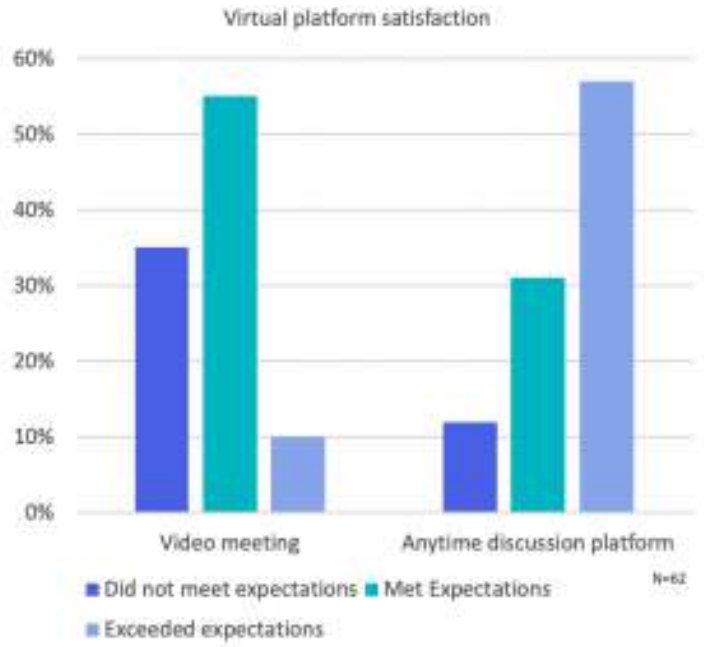


No surprises regarding traditional meetings, which is understandable as participants don't want to travel to attend a mere 2-hour

meeting.

However we were surprised to note that whilst several KOLs (and industry stakeholders) commented that video meetings were an adequate replacement for traditional, the survey results illustrate a clear difference in ideal time for each respective format – most likely influenced and attributable to “zoom fatigue”. To this, it is safe to assume that best practice would include more breaks for video meetings (from coffee breaks to focus-led activities) in order to keep attention spans optimal.

Question 5: Thinking of your own experience with different virtual advisory board platforms in the past 12 months, rate how each of the formats met your professional expectations.



As most users had previous experience with online video meetings, the responses for expectations being met in this instance were not surprising. Common frustrations with video platforms involved tech issues such as connections dropping out, problems with mute buttons, screen-sharing, and other problems that affected the momentum of meeting.

Interestingly, most participants were new to the concept of anytime discussion platforms, and to this, their experiences exceeded their initial thoughts and expectations.

Conclusion

Whilst 98% of respondents still prefer to have some form of face-to-face interaction in future advisory board meetings, these results suggest that a hybrid approach that integrates appropriate use of the correct platforms (real-time v any-time) will be pivotal for adhering to customer-centricity principles, whilst achieving optimal insight generation.

Author:

Steve Royle, BHSc

Steve Royle has been working in the life sciences industry for over 20 years, and experience includes various Industry marketing and sales roles, along with leadership roles across the US, UK, and Australia in Global Medical Communications agencies. Steve now owns Swipe Health, a digital medical communications agency, and has recently founded and launched Rumi (meetwithrumi.com), an any-time stakeholder insights platform to support medical affairs teams.

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Harnessing the power of social media listening for Medical Affairs

October 2021

The way we communicate with others has evolved tremendously in the last few years, with digital channels, and in particular social media, becoming more and more prominent in our daily lives. Many industries, such as retail, are already harvesting the power of digitalization to gather insights from customers and share content. We see a similar trend in the healthcare sector, with the increasing use of social media channels to exchange information and engage with others. But what are the implications of these new ways of communication for pharma and their Medical teams? In this article, we discuss how pharmaceutical companies and their Medical teams can leverage these new communication channels, and in particular social media as a tool to strengthen and enrich their engagement with stakeholders.

Social Media listening as a powerful tool for Medical Affairs organizations

A wide variety of healthcare stakeholders including doctors, patients, professional associations, PAGs, industry, and policymakers are actively engaging in social media channels, e.g. LinkedIn or Twitter. An important example of the power of these new communication channels was observed during the COVID-19 outbreak when doctors proactively engaged in scientific discussions with peers from all around the globe to improve our understanding of the disease and exchange information at a tremendous speed and with a reach that would be hard to achieve with other channels.1

For Medical teams, social media channels can provide valuable insights into what opinion leaders think, including their key

concerns. Social media listening, or the use of social media channels to collect insights from stakeholders, is emerging as a powerful tool for Medical teams to engage with a variety of stakeholders in digital channels and to increase our understanding of their unmet medical needs.

How can Medical Affairs teams best leverage social media listening?

We see 4 key ways in which Medical teams can leverage the power of social media channels to deepen their understanding of stakeholders and engage through new channels. Digital and social media should not be seen as a replacement to the core traditional interactions that field Medical has with their stakeholders but should rather be seen as an opportunity to strengthen and enrich those interactions (Figure 1).

DOLs:
Beyond offering a new communication avenue, social media has also fostered the emergence of new opinion leaders now commonly referred to as digital opinion leaders or DOLs, who are actively engaged in social media channels. In the retail space, we have seen influencers become the most powerful marketing tool besides the more traditional advertising channels. In healthcare, we see DOLs expanding their sphere of influence with COVID-19 playing a catalyst role. The emergency of DOLs represents a great opportunity for Medical Affairs to expand not only the channels of communication but also the target audience and the type of opinion leaders that can be engaged.

Insights' gathering:
Several industries are leveraging the power of social media data to create a deep understanding of their customers. Social media offers two important advantages: access to a large amount of information and information that can be accessed on-demand.

Impact measurement:
Measuring the impact and reach of traditional interactions with opinion leaders is challenging. Here social media listening offers the advantage of quantitative analytics. To measure the influence of traditional opinion leaders, we look at aspects such as H-index, participation in conferences, role in different associations, etc. – aspects that are not always easily quantifiable. Thanks to the power of data analytics, the sphere of influence of a digital opinion leader can be more easily quantified by looking at the number of people their social media activity reaches and their engagement rates.

True omnichannel engagement:
Digital and social media should not be seen as a replacement to the core traditional interactions that field Medical has with their stakeholders but should rather be seen as an opportunity to strengthen and enrich those interactions. Digital channels are an

important channel to “meet stakeholders wherever they are”.

Grasping the opportunity

In conclusion, we see social media listening as an opportunity for Medical teams to expand the communication channels to further move into omnichannel engagements and expand the pool of stakeholders that they can engage with and collect insights from. There are some important implications for Medical teams. One of them is the need for new capabilities both technically and operationally in the team to harness the power of data. Another one is compliance. Medical teams are well-positioned internally in the organization to engage in digital interactions with OLs as they already follow strict compliance rules. The same compliance rules that apply to other engagement channels should be considered for social media. Finally, and most importantly, at the core of any good interaction – physical or digital- is the exchange of meaningful content. Medical teams should always keep a focus on quality rather than quantity to provide information that adds value to their stakeholders.

Ultimately, the impact of social media listening should expand in the organization beyond the Medical Affairs team. Social media listening provides important insights for brand teams to further strengthen the overall strategy of products or therapeutic areas and should be leveraged cross-functionally.

Authors:

Laura Restrepo, PhD

Laura Restrepo is a strategy consultant at Vintura. In the last 2 years working as a consultant she has been actively involved and passionate about projects on digital health, self-care, and Medical Affairs. Before joining Vintura, Laura was a doctoral researcher and entrepreneur in the field of bionanoscience, where disruptive and cutting-edge technologies are shaping the future of healthcare. As a consultant, she aims at bringing these and other innovations closer to the patient.

Pim Kooreman, MSc

Pim Kooreman is a manager at Vintura. He has more than 7 years of experience in strategy consulting, supporting global Pharma, MedTech, and Biotech companies. His focus is on Medical Affairs strategy and transformation, brand & corporate strategy, customer engagement & operational excellence. He leads our Medical Affairs team at Vintura.

Mark Tolboom

Mark Tolboom is a partner at Vintura. Mark has more than 20 years of experience in strategy consultancy with a focus on healthcare and life sciences in the last 9 years. He has a long track record in defining and implementing strategies at multinational companies. He enjoys using his experience to help Medical Teams work effectively and efficiently.

Vintura is a leading strategy consultancy in healthcare and life sciences. We are committed to creating a meaningful impact in healthcare and life sciences with sustainable and supported solutions that ultimately lead to improved care for patients. We strive for bringing healthcare stakeholders together. Therefore, we work closely with Medical teams, who serve as connectors inside and outside of the industry. We support Medical Affairs in being a truly integrated and strategic partner to the overall business and work with cross-functional teams at global, regional, and local levels to ensure meaningful impact.

To learn more about our vision on the future for Medical Affairs, please download our whitepaper, Medical Affairs in transition: towards a fully integrated model.

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The Social Media Role in a New Generation Medical Affairs: Activities and Patient Benefits

October 2021

For decades, pharmaceutical firms have tried using different types of promotions to affect physicians prescribing behavior. This led to misconceptions related to pharmaceutical marketing practices and induced the need to unveil the true meaning of pharmaceutical marketing. Pharmaceutical marketing, as a sub-branch of marketing, evolved over the years from a more product-oriented strategy to a consumer-oriented strategy, following global trends.

In the last two decades, there has been a major shift from traditional media to digital media, profoundly changing the way information flows. The race for information access has led to patients, physicians, and all other healthcare stakeholders becoming more demanding. In order to reduce these pressures and establish a long-term relationship with the different stakeholders, pharmaceutical firms need to follow marketing trends and move on to digital communication channels, such as social media. The emerging importance of social media in business organizations is raising the awareness of decision-makers toward this theme. An ongoing dialog on platforms such as Facebook, Twitter, YouTube, and Instagram between firms and consumers compels the search for new management communication models.

Rules and limitations:

The pharma industry, however, may have seemed slow on the uptake. Given the strict regulations around what can and cannot be said – not to mention what can and cannot be advertised – drug companies simply haven't had the same freedom as, say, consumer goods companies to promote their products.

Pharma companies have policies that heavily restrict their use of social media and limit their ability to benefit from the wealth of data that could accompany it. Patients are often not allowed to know about or discuss the options for treating their condition, in case they try to treat themselves and then sue the pharma company sponsoring the media channel for the worsening of their predicament. Unfortunately, this can also serve as an obstacle for healthcare professionals.

So what rules do pharma companies need to follow on social media? Clearly, it depends on where you are in the world, with some countries imposing stricter regulations than others.

In the UK, the Association of the British Pharmaceutical Industry is responsible for setting the guidelines. It states that prescription-only medicines can't be promoted to patients under any circumstances, either via social media or traditional marketing channels. Pharma companies are, however, allowed to share information impartially on social media, so long as they comply with the code. Given the concerns around overly restrictive regulations, the code has recently been updated, with the 2021 Code due to come into force in July.

In the US, where pharma companies routinely use television adverts to market their products directly to consumers, the rules are somewhat laxer; they can use social media for the same purpose, so long as it complies with guidance from the US Food and Drug Administration.

Social media platforms also tend to have their own rules around health advertising. Facebook, for instance, has banned adverts that imply the reader has specific attributes (including disabilities or medical conditions), which means advertisers would need to be careful about wording. YouTube restricts the advertising of some pharmaceutical products, and companies need prior authorization to advertise on Twitter.

The benefit of social media communication and patient awareness:

The industry has done a good job of making sure healthcare professionals and patients stay informed. Pharma companies need to present a digital environment that helps time-taxed, highly patient-focused professionals find the information, resources, or medical liaison they need quickly. they're providing information to the patient and they need to make the information accessible, relevant, and intuitive. The industry is proving ever more capable of leveraging social media.

Before the COVID-19 pandemic, pharma companies and HCPs could rely on face-to-face interactions to provide patient support. There was already a trend toward incorporating more digital solutions into patient support, and the pandemic accelerated it. What we've found is that digital transformation can improve patient engagement by making it more accessible. The goal is to

continue to expand our knowledge base and push for ever-higher accuracy so that both patients and HCPs can get instant access to the information they need. The takeaway is that designed and implemented properly, intelligent automation can make it easier for HCPs and patients to communicate, remove patient support barriers, and help pharma companies deliver better care to patients. The benefits of enhanced patient support apply to everybody, from pharma and life sciences companies (across therapeutic areas–oncology, HIV, respiratory, infectious disease, chronic disease, and more) to HCPs to the people they treat. When patients get the support they need, they are better informed and more likely to comply with treatment protocols. Their results will be substantially better than the results of patients who are less compliant.

Increasing affordability pressures on healthcare systems mean that pharmaceutical companies have to demonstrate value propositions to payers that go beyond clinical efficacy. This is particularly true for chronic conditions and degenerative diseases, where there is a long-term burden of care, but also increasingly important for cancer therapies, which can require a complex care regime, and can also be very debilitating for patients. Here, quality of life and the patient experience is hugely important and pharmaceutical companies are increasingly being measured on these ' qualities of life' dimensions. Patient outcomes can be improved through a number of means. Better education is an obvious avenue, both for healthcare professionals, and for patients and caregivers. Adherence is another important factor, especially where treatment benefits may not be immediately felt by patients. Many therapies have unpleasant side effects and, while these may abate over time, patients can often discontinue treatment too early. Appropriate patient support can help patients through the on-boarding and initial treatment period, improve long-term adherence, reduce discontinuation, and ultimately, deliver a better health outcome.

Tips for better engagement:

In a highly regulated environment such as the pharmaceutical industry, there will always be challenges when using a medium such as Instagram, which is a fluid, real-time, and highly interactive channel.

Instagram provides companies with the ability to share user-generated content. Pharma companies can leverage this feature and facilitate the sharing of follower stories to help spread awareness about any given topic.

Instagram Stories is a powerful feature that offers pharma companies additional opportunities to share behind-the-scenes content and live stories and foster engagement with their followers with calls-to-action and other pertinent messaging.

- It's important to use fun, fresh, engaging photos
- Pictures need to jump out of the feed and get people's attention
- Captions can't be too long or too short
- Instagram stories offer a light and fun way to approach social media

On a more tactical level, social media content creators should consider the purpose and intended placement of the assets they're creating. It doesn't really work to create one asset and put it on all platforms. It's more effective to create posts specifically for Instagram. brands should take a page from unbranded campaigns, which use short-form content that leads to a separate Web experience. Pharma companies also need to build a social presence that helps people manage their condition and connect with healthcare professionals, associations, communities, and others across the entire treatment journey.

Use social media accounts to show customers that you genuinely care about their health and you want them to live a healthy lifestyle – regardless of whether they buy your products or not. In addition, general health-related content marketing is much more accepted by regulators and social media platforms.

Infographics are a great runner-up after the video for engaging your audience. infographics work well with the type of content pharmaceutical companies create on topics like disease prevention and health.

Lots of pharmaceutical companies have largely dropped their social media content altogether. At a certain point, the regulations and planning start to outweigh the benefits of maintaining a presence. It's important to hire a social media team experienced in pharmaceutical regulations in the companies you operate. One could also hire an agency with experience in pharma that has the time and resources to keep up with the changes while publishing engaging content to boot.

Conclusion:

From the pharmaceutical company's perspective, patient support helps deliver a better overall patient outcome and, as the industry increasingly pivots to more outcomes-based reimbursement models, improving the actual patient outcome will be a critical success factor.

For virtual interactions, the identification of DOLs (Digital Opinion Leaders) is even more relevant. Prior to the pandemic, less

than 20% of KOLs had social media presence and only a few were considered DOLs for their online influence. Identifying and mapping the digital KOLs of each Therapeutic Area with respect to their positions and attitudes is crucial. Thereby, we will know how to proactively engage with these digital KOLs to understand and shape their perspectives and needs and develop specific strategic projects.

Medical Affairs can prepare video clips and podcasts with engaging KOLs that are interested in patient awareness topics and share through social media, also Instagram Live is an opportunity for engaging KOLs to share relevant information, ask & question meetings for publicity, forming health campaigns, public exercise training, and proper nutrition education. Interestingly, all these activities are part of the KOL development plan and cause medical affairs to engage more with KOLs or DOLs.

As a final point: **Successful use of social media is defined by the value, relevance, and credibility of the content you convey.**

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Embracing the Molt – Nurturing Professional and Personal Resiliency in Medical Affairs During Times of Uncertainty

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I'm always amazed at how well nature mimics our everyday lives. We live in a world where everything is so automated that we forget we're innately organic. Our very being is rooted in our ability to influence the environment and create a positive impact. Showing up authentically as trusted medical affairs professionals and scientific partners is critical. The way we show up impacts patients and the healthcare providers entrusted with their care. Ultimately, the choice is up to us to determine the breadth and

depth of our influence. In the face of uncertainty “showing up” has become more challenging than ever. The world changed so fast, that many of us are still deciphering how we will evolve to maneuver through our careers and personal lives.

Everything new we have yet to experience requires us to make a choice. We can choose to embrace change and utilize it as a springboard for innovation, or we can collapse under the weight of the unexpected. Certainly, at this moment we are facing insurmountable changes and the unexpected with the current COVID19 pandemic. Our world has changed right before our eyes. Some of us were prepared for it, but many of us (like me) reacted using whatever knowledge we could to sustain our physical and mental health.

Over the last year and a half, I too have utilized a combination of old habits and thought patterns to make sense of my world. Relying on past experiences to cope and establish clarity brought me great comfort in a lot of ways. The same is true in how I approached my career in medical affairs. However, what I’ve realized is that it is this very comfort that’s paralyzing my ability to react creatively. Don’t get me wrong, we all need moments of familiarity but embracing what we don’t know expands our horizons.

The present pandemic has given me a great deal of time to reflect on who I am and what impact I would like to make. As I thought about multiple ways to achieve this, I am constantly reminded of a process that occurs frequently in nature. The process I’m referring to is called, “molting”. Molting happens periodically across a number of different animal species including crabs, insects, and snakes. During the molting process, the surface layer of skin known as the epidermis separates from the body to allow the formation of a larger and stronger exoskeleton.

It requires sacrifice, patience and one major drawback to this process is that it leaves the animal incapacitated and vulnerable to predators. Doesn’t this process sound familiar to you? Every period in my life where I had to evolve and prepare for the next step required a “molt”. No, I didn’t physically shed my skin, but I shed my mental, professional, and emotional shells. Those psychological coverings we adopt when facing hard and confusing times or when admiring positive past moments.

Whether or not experiences we face are positive or negative, we assign mental patterns to leverage when facing new challenges. But what happens when these tools no longer work or serve to elevate you to the next level you’re striving for? That’s where embracing the molt becomes ever so important. Below I briefly describe a series of steps that detail the mental molt we all must endure to reach higher levels (whatever that means for you) [Figure 1].

1. Awareness of change
2. Stillness
3. Vulnerability
4. Allow room for growth

Awareness of change

It’s important to take a mental note of the changes that are occurring around you. This is the beginning of the molting process. We can’t react effectively if we fail to acknowledge with awareness the need to adapt.

Stillness

Just like in nature, animals initiating the molting process become still, literally ceasing to move about normally. We too must allow the time for stillness and introspection. Being still allows for reflection on where we’ve been and where we have yet to go. More importantly, it gives us a head start on our mission to seize the next moment or venture with bravery.

Vulnerability

During the molting phase in nature, insects are totally vulnerable to predators due to the softness of their developing new outer shells. This mimics the vulnerability we all must sometimes face when we’re developing and preparing ourselves for new phases. We may even find ourselves open to the opinions and feedback of others. However, what we stand to gain is far greater than any form of criticism. After all, no one can fully understand the potential that lies in your molting process.

Allow room for growth

When the molting process is complete, insects still must continue to expand their new covering, so it is big enough to create space for continued growth. As we develop new mental shells and approaches to our changing world, we too must continue to expand our perspective and scope. Doing so allows for sustained agility and adaptability as we leverage new viewpoints and opportunities.

Molting takes hard work, sometimes occurring over the span of a few hours to even days. For some, it may take weeks, months, or years. We all undergo some form of it at various points in our personal and professional lives. The beauty lies in the ability for us to seize and capitalize on the awareness molting brings. As you continue adopting new ways of functioning in our ever-evolving world, acknowledge the changes and embrace the molt.

Figure 1:

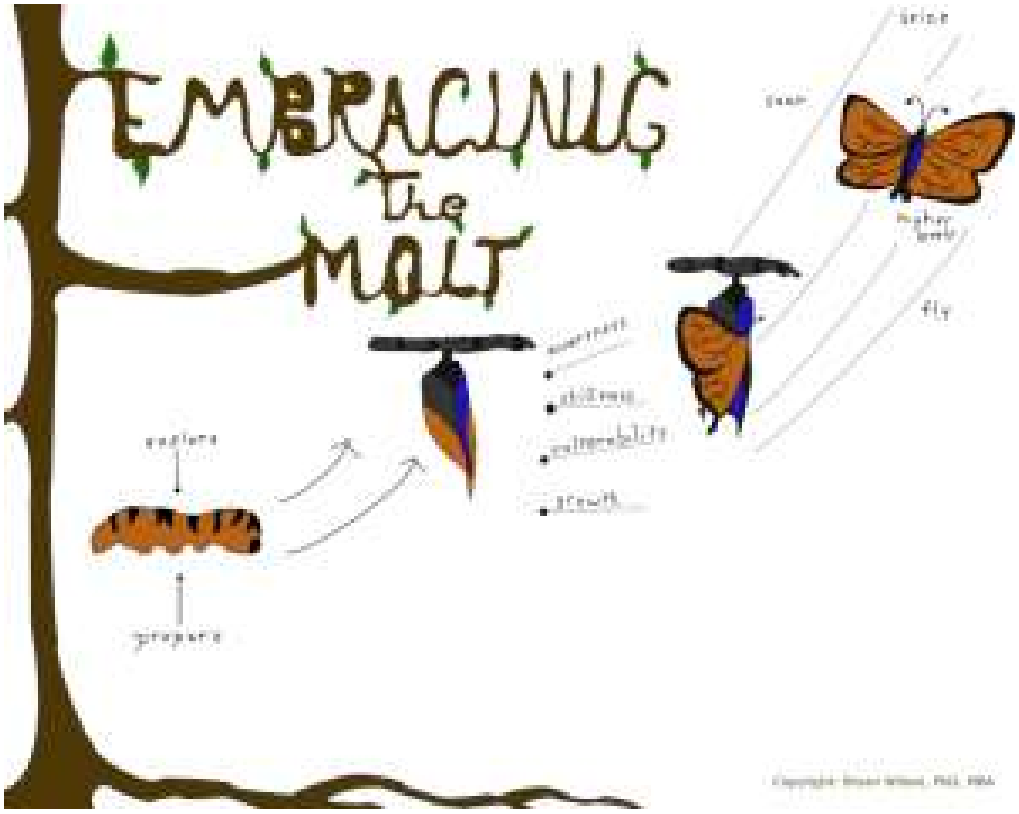

Figure 1 Legend: Schematic description of the “embracing the molt” process and the mental cues that initiate and sustain growth.

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Bryan is from the great city of New Orleans, Louisiana, and has been fascinated with science since childhood. Bryan earned a Bachelors’s degree in Biological/Nutritional Science from Louisiana State University in 2008 and graduated from Wake Forest School of Medicine with a dual Ph.D./M.B.A degree in 2016. He is passionate about understanding cardiovascular health problems and works in the pharma industry to better understand the context of heart disease and metabolic diseases. He is

currently a Regional Medical Scientific Director for the Cardiovascular and Metabolism therapeutic area unit of U.S. Medical Affairs within Merck Research Labs. In his spare time, he enjoys spending time with family (wife Britni and puppy Bailey) and mentoring the next generation of science leaders through professional and leadership development. He also has a non-profit venture Sayansi that assists scientific stakeholders in communicating the importance of science and clinical research to lay audiences.

Understanding Real-World Evidence And Its Importance

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EMA and FDA define Real-World Evidence (RWE) as the information derived from the analysis of Real-World Data (RWD) about a medicinal product. RWD includes the data relating to a patient's health status or the delivery of health care collected from various sources. These sources exclude traditional clinical trials, although FDA considers that hybrid or pragmatic trial designs can generate data for RWE.

The controlled environment of Randomized Controlled Trials (RCTs) and the efficacy and safety conclusions they derive are usually completed by those known through a drug profile built under the variable conditions of worldwide patients' treatment. Compared to RWE studies it is relevant to highlight that the population included on RCTs might not be representative of clinical practice, and adherence or drug exposure might be inferior to the real world (there is a considerable effort to maintain compliance with treatments elevated in RCTs), while outcomes are measured much more accurately on RCTs and it is also impossible to analyze placebo arms in RWE, reinforcing RCTs indispensability.

However, through data collected outside of the gold standard RCTs, RWE allows us to obtain complementary information, such as treatment patterns, disease burden, patient behaviors, and product performance in settings and populations representative of everyday clinical practice. RWD can be obtained from claims, medical records, disease registries, but might also be generated through post-marketing observational trials or case series data. By using this kind of data to identify stakeholders' unmet needs, companies can describe their products' real effectiveness and thereby increase their value proposition.

A RWE complementary role could be divided into clinical (e.g. real-life remission rates, or treatment adhesion), economical (e.g. cost associated with treatments), and humanistic (e.g. health-related quality of life). The RWE everyday clinical practice groundwork branches from its ability to show how physicians prescribe medicines and how patients use them, encompasses a look at diverse populations, including patients typically excluded from RCTs, and helps gather data not usually collected during RCTs, such as the financial costs of disease burden. Despite these advantages, the less expensive and fast-paced RWE studies also allow biopharma to make comparisons that might not have been made on the RCTs developed (e.g. between competitor products in different efficacy or safety endpoints) and help us assess potential efficacy/effectiveness gaps or support the scientific findings of RCT's.

Evidence-based clinical research can be additionally sustained by RWE, beyond its complementary potential. Regulators have reviewed the applicability of RWD as primary data in clinical research for regulatory decision making and it has been acceptable in single-arm interventional trials where a parallel control arm was considered not feasible or unethical (e.g. oncology and rare disease trials). RWD has also been used by FDA and EMA to support the approval of label extensions in several medical areas, potentially accelerating approval time. Literature revisions describe how different proportions of the various sources of RWD have been used by EMA and FDA to support primary approvals (e.g. medical records, registries, historic pooled data) versus label extensions (e.g. post-marketing experience). Furthermore, the different recognition of RWD between these regions, the different goals, and RWD quality requirements generate distinct pharmaceutical and regulatory environments on RWE.

Regulatory authorities have created guidance frameworks for the pharmaceutical industry to outline how evidence collected from RWE is evaluated, allowing for the development of best practices, defining endpoints with greater clarity and analytic methods to be used for generating reproducible data. The evolving diversity of source data (SD), barriers in data privacy, and the variable possibilities to review SD pose challenges that are surmountable to regulators, who face difficulties when defining how successful a RWE study was regarding confounding adjustment. One consistent requirement for RWE is the fit-for-purpose

data to ensure the methodology validation. Among others, the data needs to be fully traceable and data transformations registered from SD to final reports. Furthermore, the RWE study analysis plan should be framed with causality establishment methods that transpire confidence in face of the confounding factors, the selection of the proper hypotheses, meaningful patient populations, measurement of exposure status and specificity and sensitivity of endpoints design, all of which account for the fitness for the purpose of the data.

Looking at traditional strategies within pharmaceutical companies, RCTs lead to approvals, and subsequent new trials or sub-studies are initiated to explore special disease or efficacy predictors, label extension, and post-marketing long-term safety data (e.g. major adverse cardiac events). RWE gives companies the opportunity to think about those differences, creating space for the rise of new pathways to address these same hypotheses earlier on clinical drug development (e.g. when a pivotal study for another disease already took place). This means early use of RWE might support label extension and be a second robust option for addressing effectiveness after consolidated evidence from RCTs.

RWE might create opportunities through expansion of some of the hypotheses generated after pivotal trials, enabling the creation of external control arms (in rare diseases or oncology), the augmentation of existing clinical trials by looking at additional sub-groups that sometimes are too small in an RCT population setting, generate additional endpoints and even demonstrate the efficacy and safety of a placebo-controlled trial against a comparator group, all the while generating scientific knowledge and contributing to patients' well-being.

Both RCTs and RWE studies have limitations in the design, interpretation, and extrapolation of their results. Regardless of the potential for bias and data quality issues, the inclusion of RWE is expected to continue expanding with the development of new analytical systems and the upcoming harmonization of guidelines for RWD quality and RWE generation. Integration of RWE in drug development will expectedly continue to be further established among pharmaceutical companies' clinical operations strategies, better targeting their goals, and supplying regulatory authorities with higher degrees of evidence for the use of medicines.

Ultimately, RWE is expected to provide a better understanding of both the treatment and the disease, generate new hypotheses, drive strategic decision making, and enhance HCPs trust beyond RCTs information and physicians' experience.

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José finished his PharmD from the Faculty of Pharmacy of the University of Porto, Portugal, which allowed him to additionally gather experience within academic research in biochemistry, immunology, and pharmaceutical technology. While completing a postgraduate degree in Clinical Trials Monitoring and Medical Affairs in Barcelona, he joined AbbVie's clinical site management team in Portugal as an intern, joining the team as a Clinical Research Associate in 2021. José is enthusiastic about cross-functional collaboration, healthcare providers' engagement, and being at peace with the leading-edge scientific news.

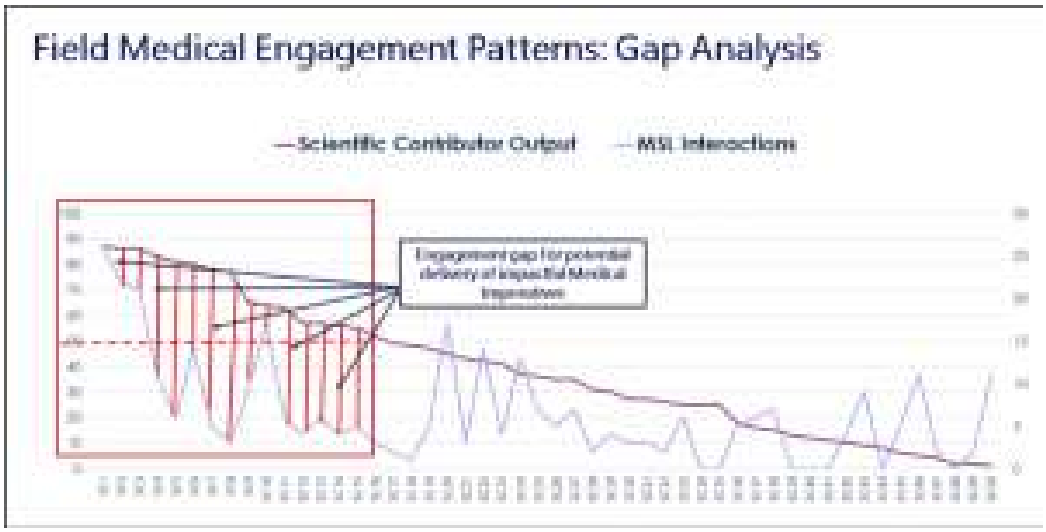
Leveraging Medical Affairs Analytics to Enhance Engagement and Demonstrate Value

October 2021

In the Pharma Industry, one of the critical functions Medical Liaisons are responsible for is distilling and interpreting scientific data and communicating it to a broad audience of healthcare practitioners. Whether key opinion leaders (KOLs), payers, or policymakers, the ultimate goal is to communicate effectively to ultimately improve patient care; no one does that better! But assuming we're communicating this information to the right people can be a challenge. The big question is "How can we determine we're connecting with the right audiences?"

One very objective way is by using Medical Affairs data and analytics to gather insight in ways that help drive scientific impact. A lot of metrics, both qualitative and quantitative, have been developed over the years for that purpose. While some miss the mark, others help drive meaningful improvements, such as evidence-based changes in formulary decisions, patient outcomes, or optimal use via medical policy guidelines.

But, again, the question is, "How?" How can you help drive those changes? How can you identify the right individuals to work with to help effect change? To begin with, analyzing your engagement patterns, is a good place to start.



Pharmaspectra developed this gap analysis for one of its clients to analyze interactions with 50 of its KOLs as an objective, strategic tool. The X-axis represents field medical engagements. The Y-axis represents scientific contributor standing in terms of output (quantity of publications or presentations for a specific therapeutic area) and impact measurements (institutional reputation and journal impact factors).

Contributors' results, the blue line, is based upon their share of scientific voice (SoSV). It represents your scientific/medical imperative or objective that you are driving and evaluating. As the red lines indicate, there is a significant gap between the actual focus of interactions and impact. This client was expending significant energy and resources for low potential engagement and not enough for high potential engagement. By doing so, they were missing opportunities to connect with the experts who may have greater influence and, therefore, the ability to engage them on their imperatives and help make a difference.

Importantly, SoSV is more than a mere number of mentions across publications or presentations. It can also track the qualitative dissemination of substantive intelligence that is based upon your strategic medical imperatives. With this data, Medical Liaisons can identify KOLs focused on specific medical imperatives through the evidence they publish in the medical literature or present at various congresses and also do the same by specific product or company.

For example, disease progression in neurology, whether in Parkinson's Disease, Alzheimer's, or Multiple Sclerosis, can be a key indicator of long-term efficacy and an important imperative for communication-based on your clinical trial data. By designing the right search strategy and applying it to the medical/scientific landscape, not only can you see who is focused on this imperative, but also then analyze their evidence for such information as serum biomarkers which differentiate between patients with

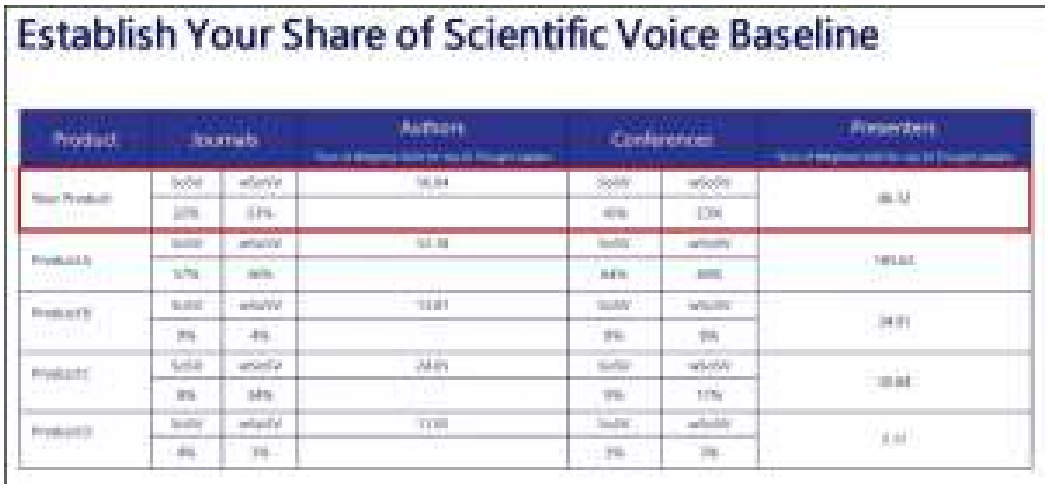
progressive vs. non-progressive disease stages, etc.

SoSV can be applied to analyze multiple aspects of a scientific communications platform. In this example, we analyzed engagements and outcomes for KOLs authoring papers and presenting at specific congresses. In other instances, we can analyze the share of scientific voice from multiple congresses or journals for a broad and current overview; from a single congress for a snapshot in time; or a specific congress year after year to develop trendlines. You can develop trends for authors, too, and determine whether their interests in your data are shifting over time, as well as how they compare to other KOLs.

So, as we've seen above, Medical Affairs analytics can help your team identify data, trends, and potential gaps that may be in your current plan and activities. With such information in hand, your team can now revise strategy and tactics and re-chart their course to ensure you are maximizing engagement with respect to your medical imperatives and use this "direction" as a key metric in gauging your value and success objectively both individually and as a team.

To illustrate this further, let's now have a look at an example where your team might work in concert with your Scientific Communications colleagues assessing a therapeutic cohort or class of products for a specific disease.

First, as with any analysis, we establish a baseline view of the products within the landscape and recent activities in the specific therapeutic area (TA) to set meaningful goals and gain insights for strategic planning and opportunities for success.



In this chart, the focus is on five products within your TA. Looking at Journals, we see that our product has a 22% SoSV and a 23% weighted SoSV (impact) among journals. Efforts at conferences, however, could use improvement with a 16% SoSV and a 23% weighted SoSV.

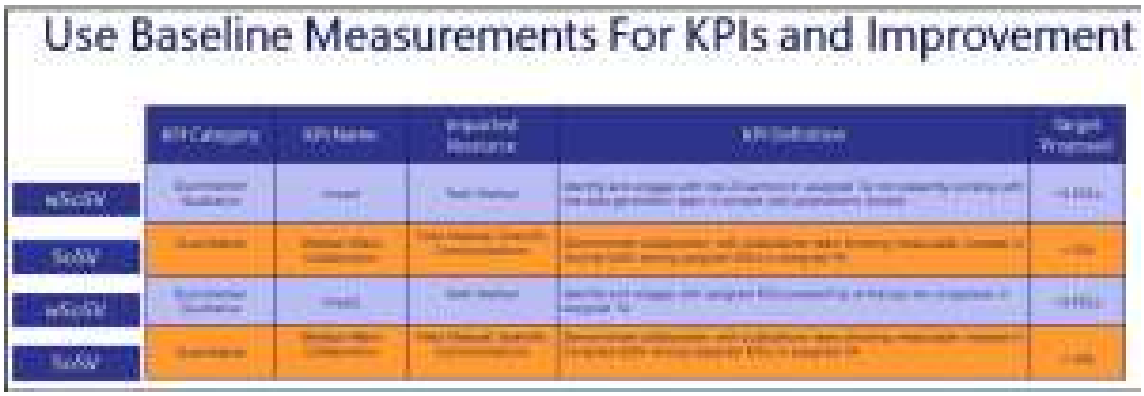
Our weighted score among the top-20 authors and presenters at conferences is 50.04 and 46.12 respectively, quite good among the competitive cohort.

A look at Product A shows a significantly better SoSV across the board, but it isn't having as much impact as it should. For both publications and conferences, the SoSV is considerably higher respectively – than the wSoSV. That's a clear indication that they need to change their strategy by submitting their evidence to more impactful journals and conferences.

Product C, in contrast, uses currently less eminent KOLs than our product or Product A. It has only an 8% SoSV but 35% wSoSV for journals, and a similar, though less dramatic spread for conferences. Studying SoSV and wSoSV shows that they are achieving outstanding results from their efforts. Why? They are simply maximizing their efforts in evidence dissemination by assuring publication in higher impact journals and acceptance at reasonably impactful conferences. A deeper analysis may reveal that product C is newly launched or solves a great unmet need ()improved dosage form, lower incidence of side effects, etc.). Its KOLs may also be up-and-coming scientists who are just making their reputations in the field known. Whatever the story, the Medical Affairs team managing product C is doing an excellent job at maximizing its overall scientific impact given its relatively low SoSV. The opportunity for team product C may be to expand its engagement across KOLs, including a larger group of top experts.

Applying such information to establishing or re-evaluating Key Performance Indicators (KPIs) can now contribute to a more complete analysis that sets the stage for more impactful SoSV. For example, identifying KOLs based upon their impact and SoSV can help you collaborate with more impactful experts, and target more impactful journals and conferences within your TA.

To do that, however, you need a performance plan that incorporates SoSV into your KPIs. The chart below lists some examples of KPIs for a Field Medical team.



Two of the KPIs (blue) are to engage with five of the top journal authors or congress presenters not presently working with the Medical Affairs data generation team. To do this, you must first identify the leading experts and the impact they are having (weighted SoSV) which would have been used to compile the previous table. This will provide an objective view of their output and performance which is important in order to support your recommendations to the team.

The next KPIs (orange) aims for an improvement for your product in a journal and congress SoSV among the therapeutic cohort or class. They demonstrate the results of your efforts with assigned KOLs and collaboration with your Scientific Communications colleagues. Once those results are achieved, you can now very clearly demonstrate strategic value to your organization and overall Medical Affairs team.

With such substantive data for your efforts, you can also regularly review information on how your team is progressing, and gain insights and historic trends to shape your ongoing tactics and strategy. Consequently, there is timely, objective, and comprehensive data to support any adjustments to your plans.

Additionally, when you and your team undergo annual performance reviews, you have hard, objective data that shows the impact of your work as well as data to support your future course of action, decision-making, and even your reward!

Overall, factoring Medical Affairs analytics such as SoSV into a company's strategic planning can help build and amplify relationships with KOLs, accelerate education and awareness around specific scientific imperatives, unify strategies and drive collaboration while providing visibility into the positive outcome of your efforts.

Authors:

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Joseph B. Laudano, is Vice President, Medical Affairs at Pharmaspectra LLC. Joe has over 30 years of experience in the pharmaceutical industry. Before joining Pharmaspectra, he was Vice President of Medical Affairs at Alliqua Biomedical. Before joining Alliqua Biomedical, he was Senior Director of Medical Affairs and head of Publication Planning at Forest Research Institute. Prior to this he spent 21 years at Roche Laboratories U.S. in Medical Affairs and Marketing in various roles including;

Director of Medical Information, Product Director, and Medical Science Liaison. He was Roche's first Medical Science Liaison, covering major institutions for the whole country and paved the way for the creation of an entire team. Joe has extensive research experience in several different therapeutic areas including infectious diseases, dermatology, and oncology, and has authored numerous publications and scientific posters.

Gail Dutton, BS

Gail Dutton has covered the business of life science for more than three decades, writing about the evolution of biotechnology, management trends, human resources development, and related topics. Her writing has appeared in more than 45 print and online publications, including Genetic Engineering News, BioSpace, and Life Science Leader. She has presented to the National Defense University and the Genopole Paris conference and is particularly interested in new technologies driving innovation throughout the enterprise.

From Clinical Practice to Medical Science Liaison: One Pharmacist's Journey

October 2021

My journey as a Medical Science Liaison began a little over a year ago. Yes, you read that correctly. I completely changed my career during a pandemic. I was leaving the comfort of a position where I was an expert who directly managed home parenteral nutrition patients for a new career within the pharmaceutical industry. To say this was daunting, and frankly, a little scary is an understatement.

The transition from a traditional pharmacist role to one within Medical Affairs in the industry comes with a lot of unknowns. Will I be good at it? How will it feel to work remotely? Will I create solid relationships with my team when I am not working face to face with them? How will I feel about giving up direct patient care? These are just a few examples of things that went through my mind as I started this transition to a Medical Science Liaison.

Over this last year, I have learned so much not just about the industry but also about myself. In my past clinical roles, I was always seen as the expert in my specialty. Becoming an MSL, I had to prove myself to Key Opinion Leaders and other healthcare professionals that didn't know me or my background. It has been such a rewarding experience to now have these clinicians reach out to me and trust that I have the knowledge to assist them.

Being a resource to so many healthcare professionals has really shown me that I am having a bigger impact on patients and HCP education than I was when practicing direct patient care. Learning this alleviated my initial concern about leaving direct patient

care. Nutrition education, especially for pharmacists, has always been an interest of mine. However, in my previous positions, I really didn't have opportunities to explore this interest and act on it. As an MSL, education is a large part of my role and my passion for it is fostered and encouraged by leadership.

The MSL role is allowing me to grow beyond my previous pharmacist experience. Not only with the work I am doing but also with learning new ways to communicate virtually. Throughout this last year and a half, we have all had to become experts in several virtual platforms in order to engage with both clinicians and each other. I was surprised at how easy it has been to build strong relationships with my current team in this remote role. I feel just as connected to them as I was to my home infusion team when working in an office.

This strong team relationship has been instrumental in my success as an MSL. Having a team and leadership that is supportive and excited for your growth is priceless. From day one they have reminded me that this MSL journey is a marathon, not a sprint. It takes time to learn not only the role itself but even more so all the literature and information around the products and disease states themselves. Knowledge comes with time and experience.

For any new or aspiring MSLs, take the risk. Jump in with both feet and tackle this role. As you find your way, make the role your own. Don't be afraid to take chances and try something new. Change can be hard and it can be scary but find your passion and run with it. And remember, you don't have to be the hare. It's a marathon, not a sprint.

Author:

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Courtney joined Fresenius Kabi USA's parenteral nutrition division as a Medical Science Liaison in 2020, serving the West region. In this role, Courtney establishes and maintains scientific relationships with academic researchers, physicians, and clinicians; develops and provides educational materials and presentations; and responds to product and pharmaceutical inquiries.

Prior to joining Fresenius Kabi, Courtney served as the team pharmacist for Optum Home Infusion for Nutrition, Immunoglobulin, Biologic and Inotropic therapies. Prior to home infusion, Courtney was a pharmacist at Phoenix Children's Hospital for eight years. She was trained to work in all critical care units (NICU, PICU, CVICU), hematology/oncology, transplant, general pediatrics, and emergency department while also a member of the kinetics team providing pharmacy consults for antibiotic therapy, renal dosing, and ketogenic diet profile evaluations. She has been involved in the design, implementation, and management of a pharmacy with compounding capabilities within a new hospital unit has USP 797 clean room experience, and has managed over 28 pharmacists during previous positions.

Courtney brings to the MSL team more than 18 years of pharmacy experience in inpatient, outpatient, and home infusion in both the adult and pediatric populations. Courtney is currently the Secretary/Treasurer of the GI/Liver/Nutrition PRN group within the American College of Clinical Pharmacy. Additionally, she has authored and presented multiple abstracts at the American Society of Parenteral and Enteral Nutrition (ASPEN), National Home Infusion Association (NHIA), American College of Clinical Pharmacy (ACCP), and North American Society for Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHAN) national conventions.

Courtney received her Doctor of Pharmacy degree from the University of Arizona, Tucson. She is dual board certified as a nutrition support pharmacist and nutrition support clinician. Courtney resides in Arizona with her family and can be contacted directly at 480.263.1987 or Courtney.Wood01@Fresenius-Kabi.com or on LinkedIn.

Understanding the new European clinical trials portal (CTIS)

October 2021

CTIS go-live is just around the corner. The new portal brings a new approach to clinical trials in the European Union: digitalization, improved efficiency, increased transparency, enhanced patient safety… and a huge adaptation process for sponsors and researchers. A lot of work is to be done right away!

The European clinical trial scenario is about to undertake a major change. It will all happen (or start to happen) next year. On January 31st, 2022, CTIS will go live, dramatically changing the way clinical trials documentation is managed within the European Union. As you may already know, the Clinical Trial Regulation (536/2014) was released in 2014, but it will only come totally into force once the Clinical Trial Information System (CTIS) goes live next January.

The Regulation harmonizes the assessment and supervision processes for clinical trials throughout the EU, via CTIS. The new platform will contain the centralized EU portal and database for clinical trials foreseen by the Regulation. It will provide simplified end-to-end electronic application procedures over the life cycle of clinical trials across Europe.

There is no doubt that CTIS will bring great opportunity to clinical research in the EU – once it is fully working – but there is a lot to be done in order to comply with the new regulation and take full advantage of CTIS functionalities.

Clinical trials in phases I to IV, as well as low-intervention clinical trials, being commercial or non-commercial, are under the scope of the European Union CTR. So, there is a lot to be done for the pharmaceutical and biotech companies that are conducting clinical trials in the EU.

The big issue here is whether these organizations – such as pharmaceutical laboratories, SMEs, academia, research organizations, and other clinical trial sponsor organizations – are ready or not for CTIS.

A new approach to clinical trials in Europe

EU Clinical Trial Regulation (536/2014) aims to bring a better harmonization for clinical trials submission process within Europe, together with unnecessary cost reduction, due to the current existence of multiple ways of submitting documentation (being based on each countries' legislation).

The goal is to make European Union a more attractive place for clinical research. No wonder coordinated assessment for multinational clinical trials is one of the benefits CTIS will for sure bring once it is implemented. In addition, it will engender a more efficient framework for the submission and assessment of clinical trial applications within established deadlines.

Nevertheless, Member States will maintain their autonomy since there will be a coordinated submission along with a non-centralized authorization.

What is new regarding the submission process and documentation management

The aim of the new Regulation is to achieve three main objectives:

1. Digitalization and improved efficiency.
2. Increased transparency.
3. Enhanced patient safety.

4. Support to Innovation & Research

Following the mentioned goals, CTIS implementation will bring:

- A single EU entry point for clinical trials information
- Exclusive telematic submission process through CTIS
- Presentation and communication between stakeholders: Investigation Ethics Committees, Member States, and Sponsors. The exchange of information between sponsors and the Member States will be fully electronic in CTIS.
- Improvement of public data available concerning clinical trials application and results: CTIS will offer searchable clinical trial information to the patient, the healthcare professional, and the general public. Clinical trial results will be available both as a technical summary and in lay language.
- CTIS facilitates a harmonized safety assessment in Europe, supported by agreed assessment report templates.

Transition period

After CTIS go-live in January 2022, there will be a **three-year multiple phase transition period.**

Clinical trial documentation is currently being recorded in EudraCT database. During the first year (2022), clinical trials can be submitted under the old Directive or under the new Regulation (CTR 536/2014).

During years two and three (2023 & 2024), clinical trials authorized under the old system remain under that system, however new clinical trials must be submitted via CTIS.

At the end of year three, hence, at the end of December 2024, ongoing clinical trials firstly submitted to EudraCT will need to be migrated to CTIS.

Transition period strategy

Setting up a strategy to implement CTIS within your organization should be one of your first steps towards clinical trials harmonization in Europe. **Fostering an early implementation**, no longer after than last quarter of 2021, will be for sure a winning strategy.

Thus, the question is: Are you ready for the migration of your clinical trials to CTIS? For example, if you have 200 clinical trials ongoing, expected to continue after December 2024, you will need to migrate those to CTIS.

If you plan to submit a new clinical trial during 2022, and it is expected to continue after December 2024, my recommendation would be for you to submit it through CTIS in the first place. That way you will avoid complex and expensive migrations.

The new portal will bring a necessary new approach to clinical trials in the European Union. Its implementation will be very positive for clinical research, bringing digitalization, improved efficiency, increased transparency, enhanced patient safety… and a huge adaptation process for sponsors and researchers. A lot of work is to be done right away!

Author:

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Lidya Domínguez's working years have always been related to clinical research. She is graduated in nutrition and human dietic and master coursed in project management and several expert courses in Clinical Trials and Regulatory Procedures. She is the Head of the Clinical Research Department at Sermes CRO, an International Contract Research Organization with headquarters in Madrid, Spain. Oncology and cellular and advanced therapies are amongst her main therapeutic experience, but during her large experience in pharma, he has worked within several TA, such as endocrinology, vaccines, infectious diseases, etc. She is an expert in European Clinical Trial Regulation. She is part of EMA's 15 people working group since 2017 for the development of the new European clinical trials portal, CTIS (Clinical Trial Information System).

Switching between competing companies: an MSL survival guide

October 2021

Employee mobility is high in the pharmaceutical industry, and Medical Science Liaisons (MSLs) frequently move between companies to advance their career prospects. The core competencies of the MSL role (namely, to be a therapeutic area (TA) expert and to develop peer-to-peer relationships with the Key Opinion Leaders (KOLs) in that TA) are highly specialized, so attractive employment opportunities for MSLs may arise with companies that are competitors, often direct competitors, of their present employer.

When managed ethically and strategically, switching to a direct competitor is a good way for the MSL to capitalize on and further increase their expertise, fast-track their career and increase their earning capacity compared to remaining with their current employer1. In fact, past a certain point, direct competitors may be the *only* employers who can make full use of the MSL's expertise and KOL network. Nonetheless, such a move is not without complication, and in this article, we will explore the key issues that an MSL will need to consider in their transition strategy, based on both personal experience and discussions with other MSLs. For convenience, the subject will be approached in three parts, reflecting the three stakeholders most directly impacted by the MSL's move: 1) the MSL's customers (KOLs and other clinicians); 2) the MSL's current employer; and 3) the MSL's new employer.

Customer/KOL considerations

Doctors regard information from a good MSL highly, and this trust is earned only by demonstrating continuous professional integrity over many years. KOL acceptance is the most important factor in the success of an MSL's move to a competitor, and hence a switch should be considered only by MSLs who are confident of their good standing with their KOLs. The customer satisfaction surveys companies use to get feedback about their MSLs cannot really be relied upon as a gauge of good standing because (like any survey) they are skewed by all kind of sampling and response biases, not to mention the fact that doctors are generally polite individuals who will simply provide indifferent feedback if they aren't impressed by you but don't actively dislike you.

Instead, to help gauge their standing among their KOLs, the MSL should think about what they have previously said to the KOLs about both their current and future employer: products, operations, representatives, and business strategy. Has this been fair, balanced, and accurate at all times? Will the MSL be able to defend what they said previously with integrity, or will it seem an abrupt about-face? If the answer to these questions is a definite yes, then the transition is usually straightforward when it comes to the KOLs, who realize that, just as in their world, the best opportunities often arise within one's area of expertise.

On a practical level, as much notice should be given to the KOLs as possible, to avoid a Phoenix-like phenomenon whereby a company representative seems to disappear and then be reborn a few months later wearing another company's uniform. Under normal circumstances, the matter would be discussed personally with the KOL and include handover plans and dates, an introduction to the replacement MSL, and information about the new company and the starting date. This is the gold standard KOL handover but the situation we are imagining is, unsurprisingly, more complicated. The MSL will likely have been placed on Gardening Leave (see below) by their current employer immediately upon their resignation, during which they are not allowed to contact customers, and there may also be non-compete/non-solicitation clauses to consider (see also below) that extend to several months post-termination. In reality, of course, the MSL will be aware of their intention to switch well before they are

placed on Gardening Leave.

Considerations regarding the current employer

The MSL's exit from their current company needs to be very well thought out. At the time of resignation, the company's loss is an equal gain to their direct competitor. Much of a good MSL's value is intangible and becomes apparent only when abruptly removed. Further, in this situation, any company will have reasonable concerns about protecting their sensitive information. With all this in mind, we can presume that there will be a shift in workplace conditions for the MSL during the transition period. While this list is not exhaustive, here are some of the more important and challenging issues that the MSL will need to consider in preparing their exit strategy:

Gardening leave

Companies often protect their interests by placing MSLs and other employees with access to sensitive information on Gardening Leave when they hand in their notice of resignation, and this is almost certain to occur when the MSL is resigning in order to work for a direct competitor. This is standard and does not (usually) imply that the employee is thought to have done something wrong. The MSL's work during Gardening Leave is often limited to preparing a handover plan and tying up loose ends. Being placed on Gardening Leave happens abruptly and has implications for MSL/KOL relationships; if not managed correctly, it can result in the Phoenix phenomenon described above. The MSL should also keep in mind that Gardening Leave may limit or even forbid contact with their internal colleagues (see below), and that their access to company systems will likely be cut off.

Non-competition and customer non-solicitation agreements

When an MSL resigns to switch to a direct competitor, their current employer will almost certainly remind them of any obligations under the non-competition and customer non-solicitation clauses in their employment contract. Whether these clauses are legally enforceable is not always clear; if there is doubt or a feeling that the company is being less than reasonable, independent legal advice should be sought. Assuming that the clauses are enforceable, the MSL needs to account for this additional time between jobs when considering not only their KOL transition strategy but also their proposed starting date with the new company and their own personal financial situation. It may be tempting to avoid this situation by not disclosing the identity of the new company, but this is merely kicking the can down the road; the present employer *will* find out reasonably quickly once the MSL starts work with the new company, and at that point, the ramifications will undoubtedly be much more serious than had the MSL been transparent upfront. For this reason, and out of professional etiquette, it is better to be upfront about the identity of the new company and deal with the matter then and there.

Exit interview

Much has already been written about the relative merits of exit interviews. While it is a personal decision, I believe that exit interviews should be avoided even under normal circumstances. At this point, providing feedback is at best of no benefit to the leaving employee, yet it creates a permanent record of final remarks, perhaps including less than positive ones, which has implications should the MSL desire to re-join the company in the future. In the specific case of the MSL leaving for a direct competitor, the potential downsides of an exit interview are infinitely multiplied, while there is no increase at all in potential benefit.

Informing manager and colleagues

Given the issues associated with the MSL's resignation and switch to a competitor, the best the MSL can really expect from their manager is a professional response followed by damage control mode, and in return, the MSL should likewise behave with courtesy and professionalism since they are still, after all, an employee of the company. The MSL should give their manager the required minimum notice (although perhaps no more than the minimum), respect any enforceable non-compete and non-solicitation agreements, and prepare a thorough handover. For reasons discussed earlier, it is better for the MSL to be upfront about going to a competitor, but detail should be limited to the name of the company and the role they will be taking.

When it comes to colleagues, similar rules apply. Etiquette requires that the MSL wait for management to announce their departure before discussing it with all but their closest colleagues, but the MSL should bear in mind that they may be prohibited from speaking to their colleagues during the Gardening Leave period and plan accordingly. The MSL should of course assist colleagues who will be affected by the situation but should not expect their colleagues to be as open and accessible during this time.

Considerations regarding the new employer

Managing expectations is important when starting in any role but is possibly the most important immediate consideration when an MSL comes to a company from a direct competitor. Expectations will come in many forms and from many people, including the company itself, the MSL's manager, and the MSL's new cross-functional colleagues.

The new company's expectations will be high, shaped by discussions in which the MSL has highlighted their existing TA knowledge, KOL relationships, and career achievements. Therefore, the MSL needs to walk the walk. Assuming they can, they will enjoy the benefits, such as a more comfortable and less stressful onboarding period, being held in high esteem by their new colleagues due to their additional knowledge and experience, and being able to hit the ground running for their new employer and get results immediately.

The MSL may find that their arrival has been eagerly anticipated by their new cross-functional colleagues, particularly if the MSL position has been vacant for some time. This is normal and underscores the importance of the MSL role in a cross-functional environment. It also highlights another challenge that the new MSL must always be prepared for: understanding the needs of their cross-functional colleagues, working out if and how they align with the MSL's medical priorities and managing expectations appropriately. While expectations from the cross-functional team will be higher when the MSL is coming from a direct competitor, the MSL's additional experience and insights should mean that all reasonable expectations can be met.

A very important aspect of onboarding for the MSL is their handling of the sensitive information of their former employer, as this has implications for the MSL that is ethical, legal, and reputational. Clearly, the MSL will possess an abundance of information that their new employer will find extremely useful, and they will need to work out which bits should be treated as confidential, and which should not. Sometimes this is obvious (for example, unpublished data on a pipeline product, details of strategy or sales figures), but often it is not. Nonetheless, it is important for the MSL to respect the secrecy of their former employer's sensitive information even when it may be in their immediate self-interest to disclose it, as notwithstanding any legal and ethical implications, it sends a clear message to the new company about how the MSL will treat *their* sensitive information, both now and if they leave the company in future.

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Switching to a direct competitor can be challenging and is not for everyone, but done well, it can benefit not only the MSL but also the KOLs and other clinicians and thereby the patient, while at the same time leaving the door open to future opportunities at the company the MSL is leaving. A carefully mapped out transition strategy, taking into account the points raised in this article, will help to ensure that the switch goes as smoothly as possible and that the MSL's professional reputation, so critical to their employability in the growing yet still niche area of Medical Affairs, is only enhanced by the switch.

1. https://www.forbes.com/sites/cameronkeng/2014/06/22/employees-that-stay-in-companies-longer-than-2-years-get-paid-50-less/?sh=47349e3be07f

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