Make Believe

RIDE OF YOUR LIFECYCLE

STAYING ON TRACK

A GUIDE TO SCIENTIFIC STORYTELLING

A product lifecycle can be a real rollercoaster ride, full of ups and downs.

Find out how to create compelling scientific stories and keep them on track at every stage of the journey.

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RIDE OF YOUR LIFECYCLE

A **product lifecycle is like a rollercoaster**, complete with highs, lows, twists and turns.

A **credible, consistent and compelling scientific story** can really help you stay on track and will evolve to meet different needs and priorities at every stage of the journey. That's why we've created this guide to help you consider and explore them all.

Each section has an overview, question checklist and case study to aid understanding.


PHASE I
BUCKLE UP RIDERS

BUCKLE UP RIDERS

This is where we learn about the importance of defining a **CREDIBLE, CONSISTENT & COMPELLING** scientific story from the **GET GO**

SECTION OVERVIEW

WELCOME TO PHASE I

Congratulations, the ride of your life (cycle) is underway…

Phase I is often dismissed as being too early to clarify a scientific story due to a lack of compelling evidence. But that can be a very costly mistake!

Without a compelling vision, the support and alignment for your program can suffer. Indeed, with declining R&D productivity and so much riding on cross-functional performance, from trial design to market access approaches, this may be the most important time for story.

Lack of interest may undermine the precious momentum required to sustain development and undermine launch velocity. We all know what happens to projects with little support or resource allocation… they often disintegrate.

So, you must clarify your hypothesis, quest and vision so that you can motivate others to support your endeavors. You're looking for a credible, consistent and compelling story that sets out where your scientific story is heading and why it is important to a range of internal and external stakeholders.

Engaging and enrolling beyond logic – connecting head & heart.

With Pharma R&D now averaging $2.7[1] billion per successful product launch, and perhaps double that for certain mega-firms, such small, timely investments can have a tremendous impact.

1. Innovation in the pharmaceutical industry: New estimates of R&D costs. DiMasi, Grabowski, and Hansen. Journal of Health Economics, May 201

USEFUL QUESTIONS

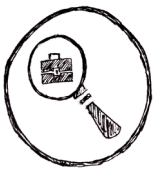
GREAT QUESTIONS...

Here are some great questions to ask yourself (with team) at this stage...

- What is the new target or disease model/how is this different?
- What's at the heart of our endeavor (the premise of the story)?
- Who are the key internal stakeholders, and what do they care about for buy-in?
- How does it promise to disrupt, complement or make existing treatments better?
- What's at stake with this innovation/story?
- What role are we asking different people to play at this stage of development?
- What can we learn about this target/disease process if the molecule fails to hit key metrics?
- How could the world change for patients and other key stakeholders (e.g. payers) if we are successful?

Some questions may be difficult to answer at such an early stage – but we must not let that stop us trying to land why this story matters – how it will connect, engage and motivate others.

CASE STUDY



PROTEUS CASE STUDY

SITUATION

Creating an ingestible sensor that can be added to any prescription drug to allow live monitoring was the early stage vision for Proteus Digital Health. Despite considerable awareness and media coverage, such disruptive innovation also needed a credible, consistent and compelling story to convince partners (from Pharma through to healthcare systems) around the world to back it and realise its full potential.

STORY SOLUTION

The early stage story for Proteus needed to frame a choice for key stakeholders – will you take the lead and 'Switch ON' treatment to help monitor, assess and improve adherence – or wait and see what happens when your competitor goes first? This 'choice' storyline reinforced Proteus positioning as thought leaders in the developing field of digital health. It also helped secure fast track status from the FDA and identify the partners committed to truly disruptive innovation in multiple disease states. Their story is only just beginning...

PHASE II

ACCELERATING IN THE TURNS

ACCELERATING IN THE TURNS

Overcoming the odds and revealing the exciting **POTENTIAL** to transform lives.

SECTION OVERVIEW

PHASE II OVERVIEW

Hold on we're about to change gears…

Phase II is when you really know you're on a rollercoaster ride.

Firstly, you get feedback on potency, toxicity, and significant side effects. Secondly, the great debates start in the back office as the hidden machinery of scientific creativity starts to turn and the need for internal support, alignment and momentum becomes critical in the organization.

It's a stage with twists and turns as you cycle through the options for key variables such as Phase III development options, trial designs, data mining and much more. All this is undertaken whilst knowing that most often trials fail, data conflicts and leaders may leave! At Make Believe we see many folks in Phase II in danger of coming off the rails…

Yet again story helps steady the ship. It acts like a 'Lighthouse' in turbulent times, aligning people on the vision, strategy and implementation steps. As the team grows and more stakeholders become interested, your story must continue to engage them head and heart.

It evolves with updates on the molecule, deeper insight on unmet needs, changing treatment paradigms and most importantly how the science of today promises to become the technology of tomorrow.

USEFUL QUESTIONS

GREAT QUESTIONS...

Here are some great questions to ask yourself (with team) at this stage...

- How is the molecular story evolving?
- Has the story got cross-functional support? What's missing for implementation?
- What's the most compelling way to share the updated results/data/insights?
- Are there any internal or external stories we seem to be complementing/competing with?
- What do we know now about its potential application/impact that we didn't in Phase I?
- What are our stakeholders most interested in at this stage?
- What role should thought leaders, regulators, payers and geographies play in our story as we pick up momentum?
- It's still early, so we don't have all the answers – BUT – our job is to keep building the logical and emotional sides of the story to connect, engage and motivate others.

CASE STUDY

ONBREZ BREEZHALER CASE STUDY

SITUATION

The indacaterol program at Novartis involved a complex license of an old molecule (20+ yrs). It was positioned in a crowded respiratory market dominated by therapy area experts (BI, GSK and AZ) who had blockbuster molecules and blockbuster commercial presence. How would this program find its place in the world? The then head of respiratory at Novartis, asked a defining question of his team at the Phase II decision board: "Why should anyone care about indacaterol?"

STORY SOLUTION

Searching for the answer to this simple question led the team to identify a single point of differentiation: indacaterol provided a once-a-day treatment for elderly, severe COPD patients who found little relief from other bronchodilators. Subsequent data mining, insights discovery and creative exploration built a clear and compelling story with real world value to build from. Novartis then took a huge developmental leap as they did Phase II and III in a seamless Phase II/III trial design. No pause, no break. Their story had purpose and the purpose had real drive.


PHASE III
DON'T LOOK DOWN

DON'T LOOK DOWN!

Time to **GET REAL**

SECTION OVERVIEW

PHASE III OVERVIEW

Anybody who has firsthand experience of managing Phase III development will testify to how exciting (OK, scary) this stage can be. Deadlines are insane. Data is critical. The numbers are big. Stakes are high. A perfect rollercoaster ride!

Which means your story has to work harder than ever. It must evolve to include patient diagnostics, treatment fit, MoA, safety information and so much more. As well as working in context of commercial thinking on branding, positioning, pricing, reimbursement, geographic requirements and launch planning.

Literally thousands of variables must be pulled into the narrative and crafted to fit the story. From key scientific statements through to new lexicon and imagery – all are important to harmonize and ensure consistency across all communications.

The bottom line is that in Phase III data is king – but – data needs meaning to maximize value and impact. Without a story of commitment, role and purpose you can easily be ignored by the scientific community.

USEFUL QUESTIONS

GREAT QUESTIONS

Here are some great questions to ask yourself (with team) at this stage…

- What are the most compelling aspects of the data now available?
- What is the one thing we must own and dramatize in our scientific story?
- How can we bring to life the impact of this new solution in more human ways?
- How has our story evolved in terms of target, patient identification and care?
- Are there specific story challenges? For example, drug administration?
- How has the context changed – internal, external, commercial?
- What's missing and how will we address this need for our key stakeholders, from patients to payers?
- How are we planning on engaging different customer segments with the story?

More than all other stages we must strive to push out from data storytelling and build meaning and value in preparation for what will hopefully follow… next stop launch.

CASE STUDY

DUPIXENT® CASE STUDY

SITUATION

"Should we follow into the land of plenty, or should we lead into the unknown?" This was the question asked by the Regeneron CMO when deciding on Phase III development of Dupliumab (Dupixent®). Here Regeneron had a breakthrough monoclonal antibody which had massive potential in many indications and safety/efficacy data to get very, very excited about. Analysts predicted anywhere from $10-20bn USD peak sales for this versatile, safe, humanized MAB. Should we go into existing areas with established biologics? Asthma for example? Or should we venture out into uncharted territory such as atopic dermatitis, where these life-changing medications were unproven. Break new ground, tell a new story.

STORY SOLUTION

Dupiximab's story could have been so many things. What Regeneron saw was the requirement for a core MAB story with subplots for each indication. A story of great efficacy versus the existing standard care and low side effects. By launching into a breakthrough area and creating turbulence, being a challenger is at the core of their story. So it became the core of their Phase III and launch plans. Where Dupixent® goes, expect disruption. The first indication in the US during 2018 was atopic dermatitis. Previously generic topical treatments and good bedside manner was pretty much all patients could hope for. Now they had the world's most advanced biologic. Everything changes.

LAUNCH

LIFT OFF!

LAUNCH – LIFT OFF!

From development to **REAL WORLD IMPACT**

SECTION OVERVIEW

LAUNCH OVERVIEW

Houston, we have lift off!

If you thought it was exciting up to this point… Nothing compares to launching a new treatment that has the potential to change lives. First things first – take a deep breath and CONGRATULATE yourself!

To be on this stage of the ride is a real honor, most don't make it this far. So now you'll be running at top speed for many months and from these dizzying heights you can probably see a lot of what will surely follow – the long dark nights, big landmark events, the inevitable twists of fortune and the Mach 3 awe inspiring level of acceleration (that's in the business forecast right?).

By now you'll have a comprehensive scientific story that sits in context of the integrated communication and publications plan. This will most likely be complemented by unbranded awareness campaigns and branded promotional campaigns.

Your story doesn't stop here as it continues to evolve through launch phase and subsequent expected growth

USEFUL QUESTIONS

GREAT QUESTIONS

Here are some great questions to ask yourself (with team) at this stage…

- Does the narrative have a simple, consistent core (or is it overly complex)?
- Will it cut through – is it emotional and compelling enough?
- Do we have a story-based roadmap for current and future communications? Are we ready to be strategic rather than reactive in our communications and publications planning?
- Is the story consumable by our audience – is it concise in format?
- Does the scientific story support the commercial story so it is 100% credible?
- What are the 'first questions' customers have that the story must address?
- What is the visual story that dramatises the words/data?
- What are the key 'measures of success' for our story at launch?

As you see your story come to life in the world, you'll need to constantly track, manage and course correct to ensure it's working in optimal fashion. Your story should be monitored live from herein.

CASE STUDY

FORXIGA® CASE STUDY

SITUATION

When AZ and BMS launched a brand-new MoA into arguably the noisiest market in healthcare (Type 2 diabetes), the team chose a two-step innovation story to manage development to roll out. Firstly, they built a compelling scientific story around renal homeostasis of blood sugar and the role of the kidney in the disease management. Secondly, they used online communication and commercial models to deliver more value for customers. More cost-effective, more impact, more uptake – better returns. A powerful story told with impact.

STORY SOLUTION

The main challenge with online medical communications for pharma is – no one reads it. The story must make the jump from one-way to two-way. It must excite, entertain and draw the reader in. In this instance this meant more discussion, dialogue and endorsement than direct communication. With the role of the kidney in blood sugar regulation as the central idea, multiple expressions and stories were written in different formats and for different audiences including scientific, patient, career, payer, HCP and policy. This is where having a consistent and compelling central story is critical for alignment and great execution.

GROWTH

SCREAM IF YOU WANT TO GO FASTER

GROWTH –
SCREAM IF YOU WANT TO GO FASTER!

Ensuring everything fuels the **CORE STUDY**.

SECTION OVERVIEW

GROWTH OVERVIEW

You are now live in market, so your story will inevitably be co-authored like never before with those on the front line including colleagues, customers and patients alike. This requires a more open, flexible approach to sharing an unfolding scientific story as literally hundreds of variables impact the narrative on a daily basis.

The most likely changes to your story will include practice updates, improved guidelines, responses to questions, further data mining and community validation. It's a very exciting time and there's usually a subtle but important transition from heavy data storytelling to more human storytelling. This is critical to communicating what the treatment means for people, the value it offers and why it plays a critical role.

USEFUL QUESTIONS

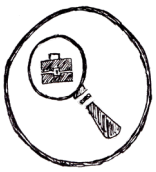
GREAT QUESTIONS

Here are some great questions to ask yourself (with team) at this stage…

- How will your launch story evolve into your growth story (to reinforce positioning and drive growth)?
- How will your story need to change to allow it to cascade out to a wider audience?
- What does real-world tracking and feedback confirm or disprove?
- Are there any obvious gaps in your story you need to plug?
- How are the human stories being captured and deployed in communication?
- Is your story impacting the wider disease/context?
- Have competitive scientific stories emerged? What are the implications?
- How can you ask others to share your story via testimonials etc. most effectively?
- What is possible for the future storyline from where we are now and the trials underway?

This stage is all about ensuring the scientific story addresses your customer needs and supports the roll-out as more people adopt treatment.

CASE STUDY



XOLAIR® CASE STUDY

SITUATION

As the first ever biologic in Asthma, Xolair® had already broken new ground and established a new class of respiratory medicine benefiting thousands of patients worldwide. But where next? At roughly half the price of other biologics and with inspiring early data in vivo the Lifecyle Management (LCM) team started by looking at over 50 potential new growth opportunities. There was also the challenge of bringing together two scientific and commercial cultures with Genentech and Novartis. High risk, high impact, high return? Or the safer route with more predictable outcomes?

STORY SOLUTION

The LCM team looked to the story of Xolair® to guide them. What was it about the story that had been so central to the success to date? Xolair® was a story of discovery, breaking new ground, the magic of the MAB in new territories. It was also about allergic conditions of the skin, in this case, the skin inside the lungs. Chronic idiopathic uticaria was the final landing zone for Xolair®. The rest is history.


MATURITY
WHAT NEXT?

MATURITY – WHAT NEXT?

How to keep the story **ROLLING**.

SECTION OVERVIEW

MATURITY OVERVIEW

Television soap writers know all about extending engagement over years and often decades. The key is to be consistent but include fresh expressions and rewarding subplots.

From a scientific storytelling perspective this means constantly updating the core story with new content and publishing new trial, indication and disease data as it arises. You're also likely by now to be sitting on an avalanche of professional, patient and payer stories that add context and colour to the scientific story.

The two main enemies of mature scientific storytelling are familiarity ("We've Heard It All Before Syndrome") and the challenger stories (competitive science).

Ensuring the customer never forgets the value of your proven, tried and trusted treatment is central to success in this stage.

USEFUL QUESTIONS

GREAT QUESTIONS

Here are some great questions to ask yourself (with team) at this stage…

- Are there new markets, geographies or customer types as the story footprint expands?
- Are there any new trials or data we need to share?
- Any new patient types to extend the story with?
- New disease indications discovered in maturity?
- New external scientific breakthroughs that we must account for in our story?
- Have we redefined the disease or is this an ongoing challenge?
- Creatively can we re-express the role, benefits, data, visuals, metaphors to make it more compelling?

Maturity doesn't mean inevitable decline, so it's vitally important to fuel the story through this often critically important 'payback' stage of the lifecycle.

CASE STUDY

ADVAIR® CASE STUDY

SITUATION

Leading the world in respiratory disease with the blockbuster performance of Advair® was a deeply impressive achievement, but it was not by accident. It wasn't just great efficacy data or better pricing policies. GSK redefined the disease not one time, not twice, but three times. Each time they changed or built the story in asthma from an existing idea to new frontier focused on better patient lives and lower suffering. Each demonstrable, each relevant, each compelling.

STORY SOLUTION

This was a story that unfolded over time. First, GSK set out to redefine who and how patients should be cared for… Enter the role of the practice nurse and GSK-funded and trained nurse specialist. Next redefine the disease from rescue of short-term symptoms and move it to long term maintenance of "no symptoms" as the goal. A brand-new story, reactive to proactive. Finally, show how reduction in breakthrough symptoms is a much, much bigger story. Lowering the body's level of inflammatory activity is linked to longer life expectancy, with lower CV events in particular. The story sets the agenda with investigations continuing in this direction.


MAXIMISATION
THE FINAL LAP

MAXIMISATION – THE FINAL LAP

Using the final lap to set up **FUTURE SUCCESS**.

SECTION OVERVIEW

MAXIMISATION OVERVIEW

When a treatment has been used in market for many years this creates significant value. The scientific story may seek to share learnings, act as a springboard for related treatments, launch new innovations or reinforce a company reputation and legacy in a disease area.

The story you tell at this point in the ride often dictates whether value is maximized and passed to the next generation, or (more commonly) allowed to fade away.

USEFUL QUESTIONS

GREAT QUESTIONS

Here are some great questions to ask yourself (with team) at this stage…

- Final check on extensions, combinations and indications – all done?
- What markets will mature in what sequence?
- Is there an Rx to OTC strategy to support with story?
- Has the entry of generics redefined the field? Will your story need to adapt?
- How does the commercial story impact the scientific story, for example by focusing on proven benefits such as safety?
- Are we communicating the benefit of 'time in market' in the scientific sense?
- Could crowdsourcing with external investigators extend engagement and value creation?
- Can this story set up the next innovation story?
- Is there now an emerging bigger portfolio story we should share?

It's been one hell of a ride – here's to the next one!

CASE STUDY

ENSTILAR® CASE STUDY

SITUATION

For nearly 20 years LEO® pharma has played a dominant role in the topical psoriasis market with its Dovobet® and Daivobet® brands. By 2015, however, LEO® was facing a huge strategic challenge. The organization had put in place a highly patient centric LCM program but had to find a way to make sense of an extensive new range of products. This diverse patient specific portfolio offered real advantages, but was potentially too complex for HCPs, patients and internal stakeholders alike.

STORY SOLUTION

Make Believe conducted deep insight work followed by creative collaboration workshops with a wide range of stakeholders. This enabled the development of a portfolio story co-created by representatives from the whole organization. The insight at the heart of the story was that patients faced different challenges living with their disease. The resulting 'DESIGNED FOR LIVING with psoriasis' portfolio story offered a range of solutions for every patient type, suited to their needs. Following the launch of the new formulations, delivery systems and devices, LEO® has positioned its highly patient-centric portfolio firmly in the minds of HCPs and in the lives of patients. LEO® can now claim growth of a mature molecule which is in the top 10 for a genericized medicine…ever!

RIDE OF YOUR LIFECYCLE

That's it, ride's over… time for the next one?!

We hope you've found this guide useful – if you have any **thoughts or questions** we'd love to hear them.

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