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Medical Affairs Reputations: Non-Small Cell Lung Carcinoma (EU5) 2018

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Abstracts

Compare 11 NSCLC medical affairs teams. See how your team stacks up to the market leader

In the EU5, several of the NSCLC medical affairs teams we surveyed are running neck and neck with at least one rival. The 150 medical oncologists we polled say that nearly every team needs improvement in two or more areas, but are those targeted improvements enough to put your team ahead of the competition?

Discover all the ways you can improve your medical affair services in Medical Affairs Reputations: NSCLC (EU5). Comparing 11 major NSCLC treatments from Roche, Eli Lilly, AstraZeneca, Merck Sharp & Dohme, BMS, Novartis, and Pfizer, this detailed report reveals:

How medical oncologists rate your team overall, and on 12 key medical affairs services.

Which medical affairs services are most important.

How, and how often medical oncologists want to meet with your team.

What you can do to improve your medical affairs services.

It’s time to find out exactly how well your medical affairs team is performing against fierce competition – and establish an action plan to gain competitive advantage.

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Top Takeaways

All to play for at the top, limited options at the bottom. Only 3 points separate the top 2 leading brands in terms of overall quality of interactions, whereas brands at the bottom could struggle to make up ground.

Information is the #1 priority. The most important medical affairs services all relate to providing information that doctors can use to make better treatment decisions.

Huge variations in activity. In the past six months, only 2 of the 13 teams interacted with more than 70% of doctors surveyed, and the least active teams saw no more than 53% of them.

Doctors want to see teams in-person and not too often. The report reveals how, and how frequently your team should engage.

Digital interaction still some way off becoming the norm. For the most part, doctors want personal interactions, not emails or phone calls.

Insight into Medical Affairs Teams for These 12 NSCLC Treatments

Avastin (bevacizumab; Roche)

Cyramza (ramucirumab; Eli Lilly)

Giotrif (afatinib; Boehringer Ingelheim)

Iressa (gefitinib; AstraZeneca)

Keytruda (pembrolizumab; Merck Sharp & Dohme)

Opdivo (nivolumab; Bristol-Myers Squibb)

Tagrisso (osimertinib; AstraZeneca)

Tarceva (erlotinib; Roche)

Tecentriq (atezolizumab; Roche)

Xalkori (crizotinib; Pfizer)

Zykadia (ceritinib; Novartis)

A Competitive View of Your Medical Affairs Team

Developed with the help of medical affairs specialists, this report gives you an in-depth comparison of 11 medical affairs teams—answering important questions like:

What do physicians need?

How, and how often are they using your medical affairs team?

What services do they consider most important?

How often should you contact them? What channels are best?

Does your medical affairs team deliver?

How memorable are your team's interactions with doctors?

How do doctors rank your team for performance and satisfaction in 12 key areas?

How does your team compare to the competition—in each area, and overall?

What needs improvement?

Are you delivering the services that are most important to doctors?

Where do you need to improve?

How can your team enhance its services?

Based on Interviews with Practicing Doctors

We surveyed 150 medical oncologists from the EU5 (France, Italy, Germany, Spain, UK)—chosen from the largest community of validated physicians in the world

All respondents:

Have been practicing for between 3 and 35 years

See at least 5 patients with NSCLC ina typical month

Devote at least 50% of their time to direct patient care

Have interacted with at least one listed product's medical affairs team in the past 6 months.

We conducted the survey between February 6-12, 2018.

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