

Medical Affairs Reputations (US) [RCC]

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Abstracts

Better information provision could give your medical affairs team a boost with doctors

Is your medical affairs team giving doctors the information they need? Maybe not, according to our survey of 100 medical oncologists. As part of list of suggested improvements, they identified at least 4 ways that teams for major renal cell carcinoma (RCC) treatments could do a better job of providing information. Could taking their suggestions help your team close the gap with the runaway market leader?

Comparing 10 major RCC treatments from Amgen, Bayer, Bristol-Myers Squibb, Eisai, Exelixis, Novartis, Pfizer, and Roche, this report reveals:

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

Which medical affairs services are most important.

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

What you can do to improve your medical affairs services.

That's actionable information you can use to turn your team into one that doctors rely on.

TOP TAKEAWAYS

Performance and satisfaction could be better: While teams earn adequate scores for most services, the overall picture is that performance is merely adequate, and satisfaction moderate.

Doctors have plenty of suggestions: They pointed to at least 4 different ways teams could improve information provision. They're also calling for a better medical affairs "attitude."

One team is way ahead: Rated for overall quality of interactions, the top team scores more than twice as high as its closest rival. It also outperforms on nearly every medical affairs service.

Nearly half of teams need to improve specific services: four of the ten surveyed teams need to improve at least one of the medical affairs services covered in the report.

Doctors want infrequent, in-person meetings: Doctors prefer face-to-face interactions to other methods. They also prefer to be contacted less often than most teams are reaching out.

Actionable information is the top priority: The 5 most important roles for medical affairs teams involve providing information doctors can use to make better treatment decisions.

Insight into Medical Affairs Teams for These RCC Treatments

Afinitor (everolimus; Novartis)

Avastin (bevacizumab; Roche)

Cabometyx (cabozantinib; Exelixis)

Inlyta (axitinib; Pfizer)

Lenvima (lenvatinib; Eisai/Novartis)

Nexavar (sorafenib; Bayer/Amgen)

Opdivo (nivolumab; Bristol-Myers Squibb)

Sutent (sunitinib; Pfizer)

Torisel (temsirolimus; Pfizer)

Votrient (pazopanib; Novartis)

An Expert-designed Competitive View of Your Medical Affairs Team

Developed with the help of medical affairs specialists, this report gives you an in-depth comparison of 10 medical affairs teams—answering important questions like:

What do doctors 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 100 US medical oncologists, 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 RCC in a 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 March 2nd and 8th, 2017.

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