

NPS+ (EU5) [NSCLC]

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Abstracts

Why are some European NSCLC brands promoted more than others?

There are various options available to European medical oncologists to treat non-small cell lung carcinoma (NSCLC). Clearly some brands are achieving greater levels of loyalty and satisfaction than others – but why? What are the key factors driving physician choice and how does each of the leading brands compare to its competitors?

NPS+ NSCLC (EU5) gives a unique insight into the overall brand health of 10 leading treatments for NSCLC currently being used in the key EU5 markets of France, Germany, Italy, Spain and the UK. 150 medical oncologists (30 from each country) were surveyed on key issues including brand messaging, prescribing behaviour and satisfaction levels. The results provide valuable insight for brand marketers seeking new ways to stand out.

Interested in the US market? Click [here](#) to see the US Edition.

Top Takeaways

Two brands are streets ahead of the competition. And there's very little to separate them, as they have similar numbers of promoters and detractors. Could the passives hold the key to future market share gains?

Houston, we have a loyalty problem! Despite a robust NPS for some brands, loyalty scores are coming up short. Why is loyalty so low and what can each brand do about it?

Moderate levels of satisfaction, but at what cost? Medical oncologists in the EU5 don't seem as satisfied as their US counterparts. What could companies do to

improve satisfaction rates?

Winning over detractors could drive significant market share growth for some brands. But which ones? Old, established therapies, or the new kids on the block?

Marketing messages for some brands key. Are any brands associated with key product attributes such as slowing progression, good efficacy and a positive risk/benefit profile? If not, what could be done to drive better brand association?

In their own words. What do doctors say each brand means to them? For example, which brand is described as the 'a very promising treatment for many patients' and which brand is described as a 'useless drug'?

Insight into 10 leading treatments for NSCLC

Avastin (bevacizumab; Roche)

Cyramza (ramucirumab; Eli Lilly)

Giotrif (afatinib; Boehringer Ingelheim)

Iressa (gefitinib; AstraZeneca)

Keytruda (pembrolizumab; Merck Sharpe & Dohme)

Opdivo (nivolumab; Bristol-Myers Squibb)

Tagrisso (osimertinib; AstraZeneca)

Tarceva (erlotinib; Roche)

Xalkori (crizotinib; Pfizer)

Zykadia (ceritinib; Novartis)

A Report Based on Expert Knowledge

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

We conducted the survey between 3rd and 13th July 2017.

Explore Important Brand Loyalty Issues

NPS+ NSCLC (EU5) offers valuable insight into brand loyalty from the perspective of those currently prescribing small molecule and biologic treatments to patients with NSCLC. You'll discover:

How satisfied doctors are with available treatments.

How loyal doctors are to your brand.

How many other brands your Promoters recommend.

Which other brands your Promoters and Detractors recommend.

How much market share your brand has among Promoters and Detractors.

How much market share you stand to gain by converting Detractors into Promoters.

Which messages Promoters, Passives and Detractors associate with your brand.

Your brand DNA: what doctors really think of your brand—in their own words.

What is Net Promoter Score?

NPS is a customer loyalty metric developed by (and a registered trademark of) Fred Reichheld, Bain & Company, and Satmetrix. It was introduced by Reichheld in his 2003 Harvard Business Review article One Number You Need to Grow.

How does NPS work?

NPS measures overall brand satisfaction and loyalty by asking one simple question:

'How likely are you to recommend this brand to a colleague?'

Responses - given on a scale of 0 (not at all likely) to 10 (extremely likely)—are used to classify respondents into 3 categories:

Detractors are those who answer 0 – 6.

Passives are those who answer 7 – 8.

Promoters are those who answer 9 - 10.

How is NPS calculated?

The percentage of detractors - the percentage of promoters = NPS.

For example, 25% Promoters, 55% Passives and 20% Detractors give you an NPS of +5.

NPS can range from -100 (everybody is a Detractor) to +100 (everybody is a Promoter). The higher the score the healthier the brand.

What is FirstView NPS+?

NPS+ turns your Net Promoter Score into actionable information by answering key questions about brand loyalty.

Each NPS+ report examines doctors' relationships with the brands used to treat a major disease area—measuring brand loyalty and showing you how it affects your market share. NPS+ also examines “brand DNA”, revealing in doctors' own words what brands mean to them.

Instead of one simple metric, NPS+ gives you a detailed picture of brand health that highlights areas for improvement, and helps you see exactly what steps you need to take next.

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At FirstWord, we stand behind our reports. If you're not completely satisfied, we'll refund your money. Guaranteed.

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FirstWord Reports deliver timely, need-to-know intelligence about your products, your competitors and your markets. Covering biosimilars, market access, medical affairs, sales & marketing, technology and therapy areas, FirstWord Reports provide expert views and intelligence on the challenges facing pharma today.

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