

Metaplan helps launch a new cancer drug requiring a companion diagnostic for patient selection.

The challenge: To simultaneously change the therapy algorithm.

An international pharma company was expecting approval for a new late-line treatment in the German market. Patients would be identified by a new diagnostic. What's more, the new treatment would be available only in combination with an established drug, which was itself controversial in this therapy context.

It was unclear how influential German experts would react to the combination. How would they rate the Mode of Action and study data? Would they back the new drug in combination with the diagnostic? Which patient profiles would they target for the new treatment?

The unestablished diagnostic was likewise problematic, and physicians' reception unpredictable. Which pathologies would it indicate and at what cost? Above all, would pathologists be adequately reimbursed?

The Metaplan solution.

In close cooperation with the company, Metaplan swiftly initiated a national advisory board, applying our trademark three-stage methodology.

Stage I: hypothesis generation.

Prior to the board, we selected clinicians and pathologists for interview, taking care that our respondents represented the full range of viewpoints in the peer group. We probed the HCPs' professional attitudes toward the data and diagnostic. The interviews revealed how the new drug might change existing workflows and identified factors that could hinder or facilitate the launch.

We used the experts' input to develop a dramaturgy for the advisory board itself – a sequence of questions and contributions that form a debate strategy to guide the work of the group. The dramaturgy drives the discussion forward. It encourages participants to explore key issues with the level of detail required to define viewpoints and statements that can potentially serve as a basis for the next steps of the launch.

At the client's request, we engaged a pathologist who had been actively involved in international studies of the new drug's companion diagnostic, including the scoring system. Together with German pathologists, we identified potential obstacles for broad use of the assay in Germany, and defined how they could be conquered.

Stage II: insight generation.

At the advisory board, Metaplan carefully and quickly guided the discussion toward concrete results, visualizing interaction on boards to avoid repetition. We addressed the key issues identified by the peer group in stage I, such as the assay and scoring system. We dealt swiftly with commonalities, allocating more time to major barriers. For instance, whether the cut off for positivity was clinically comprehensible and relevant. We explored the key issues behind contradictory views and helped the group formulate explanations that made the consequences of their differing standpoints clear.

The result.

An eye-opening, peer-to-peer discussion, followed by our succinct assessment of the consequences. Thanks to the wide range of views and insights revealed by the board, the client was better able to evaluate the challenges and opportunities associated with bringing their new drug to market.

Stage III: strategic evaluation.

Our assessment subsequently guided the client's decision-making process. For example, by listing the pros and cons of introducing the new diagnostic prior to the launch of the drug. In a separate meeting, we guided the client through the analysis, defined next steps and assigned tasks. For example, how to make the companion diagnostic available for a competitive price, how to develop a nationwide roll out for a round-robin test, and how to use the clinical arguments identified for the new drug to gain market access.

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