



WHY DO WE ASK DOCTORS TO PREDICT THE FUTURE WHEN HUMANS CAN'T?

In this article, Branding Science's Senior Client Services Director, Lucy Ireland, questions the traditional approach of relying on doctors to predict the future for pharmaceutical products. Instead, she proposes a shift towards identifying and meeting unmet needs in therapy areas to better inform pipeline decisions and portfolio planning.



Many conversations with clients discussing the accuracy of the industry's standard target product profile (TPP) studies have raised a lot of questions for me. The pharmaceutical insights industry has used fundamentally the same questions for a long time in our research to support pipeline decisions and planning.

QUESTIONS LIKE: _____



How likely are you to use this product?



What percentage of patients would you use it for?

But if humans could predict the future, then we would all make a fortune by winning the lottery!

SO, IS IT TIME TO REFRAME OUR QUESTIONS?

I'm not talking about throwing away demand studies and TPP tests, but more about revisiting how we identify potential white spaces for pipeline products and reframing how we ask about product potential.

The following quote, along with associated reading, has fuelled this thinking:



THE GREATEST PREDICTOR OF SUCCESS FOR AN INNOVATION IS THE DEGREE THAT IT IS SEEN TO MEET AN UNMET NEED



Tony Ulwick, Jobs-to-be-Done



LEADING TO THE QUESTION –

Is it time to focus on need? As fundamentally our needs (functional, social, emotional, conscious, subconscious or unconscious) drive our behaviour and decisions.

Previously, for many therapy areas, the needs were glaring – efficacy and safety, so showing a product description (target product profile/TPP) where the product showed an improvement in efficacy and/or safety was OK. Doctors' predictions were relatively accurate because they said the product would be used (and the treatments tested were used as they represented a significant improvement on existing treatments).

As there are now relatively efficacious and safe treatments in many therapy areas, and it is rare that the new treatments being tested represent a step change on these measures, the future drivers of use are more nuanced.

I realise that this has been a bit of a whistle-stop tour of the challenges I see when thinking about our current approach to the important studies run to look towards the future. I hope that it has sparked some thoughts and interest.



How should this focus on unmet need change our approach to creating insights to support pipeline and portfolio decisions? How do we capture the more nuanced future drivers, linked to questions such as: how much does the treatment regime impede patients' lives, or does the treatment help with second effects of the illness? For example, does the treatment help with sleep disturbances? Or does the fixed-duration regimen make the treatment feel more 'doable' for a long term cancer patient at later lines of therapy, etc.?



First, when supporting pipeline planning and BD decision-making, does it make sense to map the needs or demand spaces in your target therapy areas? For example, identifying and quantifying the opportunity available in terms of white spaces and future differentiators for future products?



Then, when testing TPPs, should we reframe our questions to: to what degree does this product meet (the pre-identified) needs in this therapy area? What percentage of your patients have these needs?

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