



# Sample Research Output

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# Experimental Design

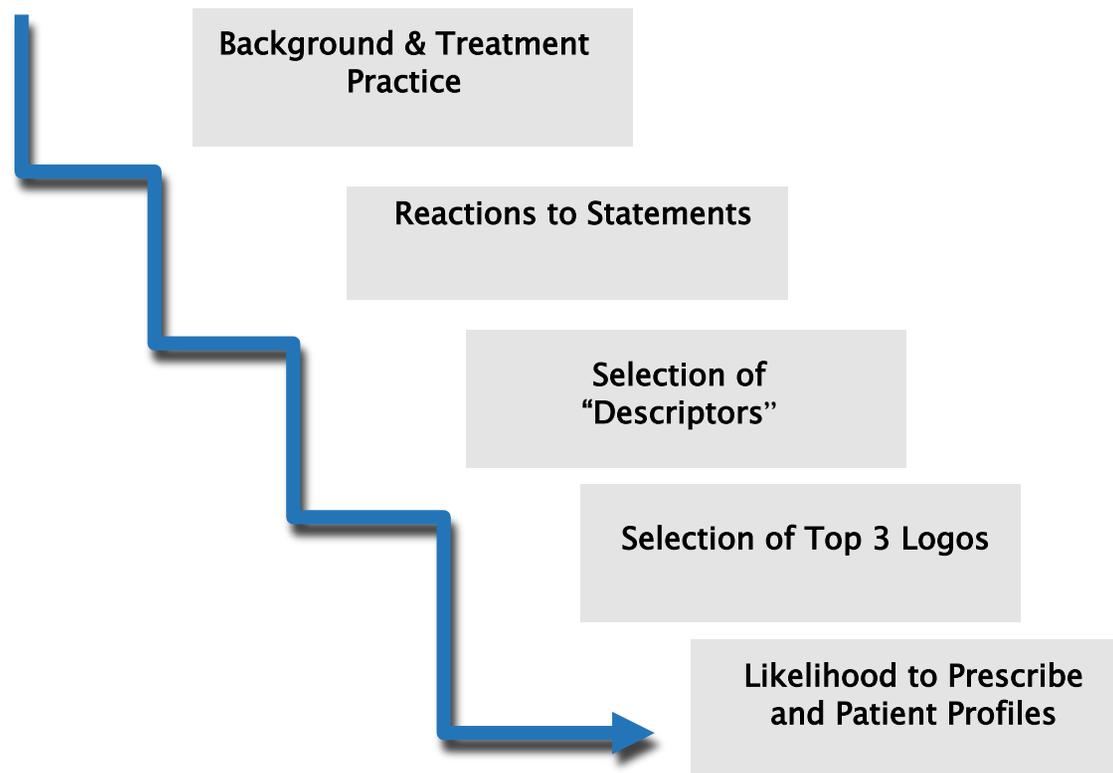
## Methodology & Sample

- ➔ **Interviews:** Total of 116 in-depth face-to-face interviews conducted in central locations with doctors in several countries; length of interview approximately 60 minutes
- ➔ **Period fielded:** One month
- ➔ **Sample:** Respondents were recruited based on a screener and had to treat a minimum number of Disease X patients per month.

Doctors	Country 1	Country 2	Country 4	Country 5	Country 6	Country 7	Total
<b>Total # of IDIs</b>	<b>36</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>116</b>

# Interview Flow

## Each interview followed this discussion flow

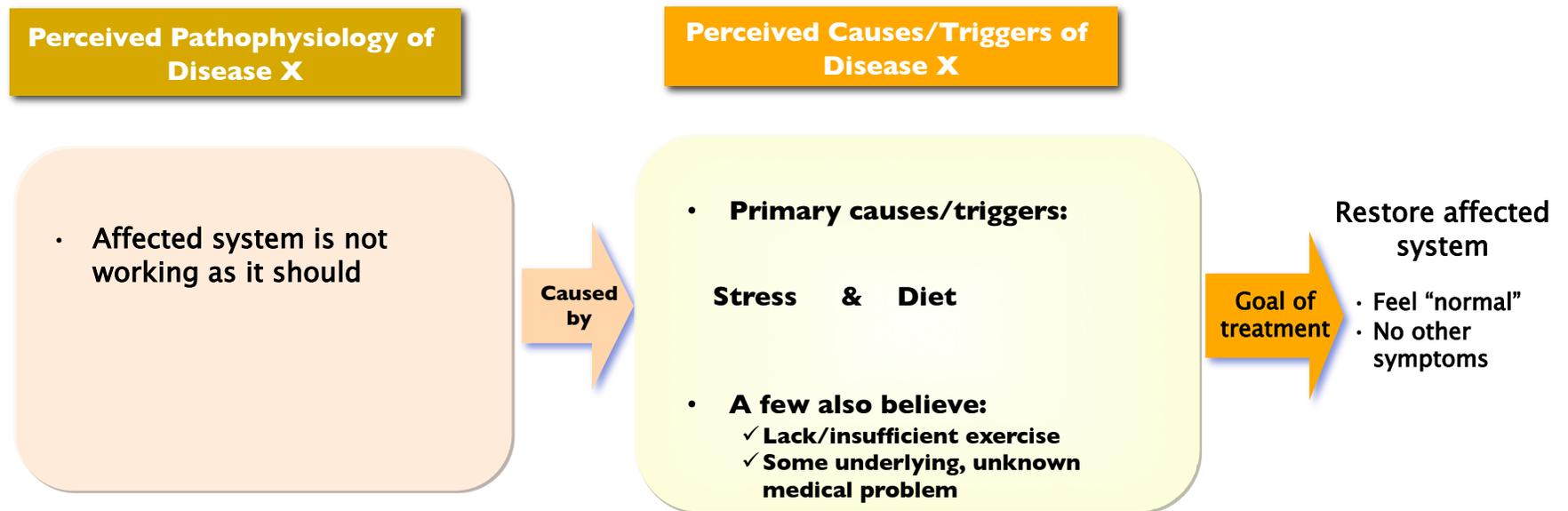


Note:

- 1) Stimuli were rotated among respondents
- 2) The format of the statements was modified after City 1 to help respondents better grasp the key information

# Perceptions of Origin and Causes

Patients perceive their affected system is not working properly primarily due to lifestyle factors, and expect treatment to restore it.



# Patient Journey: Overview

**Symptoms Emerge**

## Triggers for MD Visit

(specific/routine visit)

- ✓ Severe/increased symptoms
- ✓ Fear of more severe medical issue
- ✓ Tried "everything" and no improvement

PCP



GE



ER



### Evaluation

(patient reported)

- Symptom severity
- Length of time no symptoms

### Diagnostic Tests

- Diagnostic Test 1
- Diagnostic Test 2

### MD Processing

- Rule out serious medical problem
- Diagnosis

Diagnosis

## First-Line

Treatment Options	Pt volume
Non-pharmacologic (change diet, increase exercise, increase water, de-stress)	Majority
Non-pharmacological PLUS: OTC	Majority
RX	Some

## Second-Line

Treatment Options	Pt volume
Non-pharmacologic (change diet, increase exercise, increase water, de-stress)	Majority
Non-pharmacological PLUS: OTC	Majority
RX	Many

# Patient Journey: Physician-Patient Dialogue

Vast majority of patients feel their physicians are not receptive to their concerns

**PCP/**



## **Expectations of MD**

- ✓ **Listen empathetically**
  - MDs are perceived to be dismissive about patients' suffering
- ✓ **Evaluate objectively**
  - MDs do not always perform tests to rule out other problems
  - MDs diagnose patients
  - MDs are perceived to be not always proactive in their evaluation
- ✓ **Offer solutions beyond non-pharmacological options**
  - esp. if prior advice fails
  - MDs are perceived to have limited treatment options

**Patient**



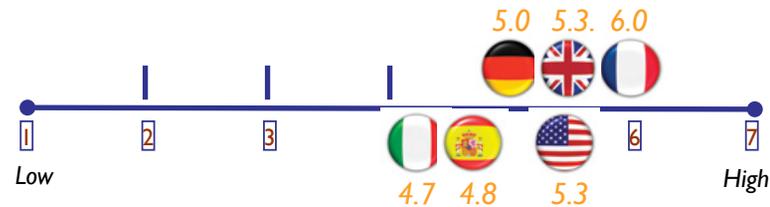
**Overall  
Satisfaction  
with MDs:**



# Likelihood to prescribe

High likelihood to prescribe medication across countries for both Disease X based on data and positive profile

Likelihood to Prescribe for Disease X  
(average per country)



\* On a scale of 1 to 7 where 1 is not at all likely and 7 very likely, how likely are you to prescribe product X?

# Key Prescription Drivers

**Therapy Y**



**Therapy Z**



1) There is always a trade off to be made – when a therapy is very efficacious then there are safety issues and physicians and patients need to balance the two, and 2) Long term unknown adverse events may develop.

# Overall Perceptions of Therapies

## Therapy A Strengths

- Strong track record
- Efficacious
- Good side effect profile for most patients
- Convenient
- Can be prescribed across patient profiles

## Therapy B Strengths

- Targeted biologic
- Non-life threatening side effects
- Manageable side effects

## Therapy C Strengths

- Not used as much as Drug B, thus limited experience
- More convenient than Drug B
- Fewer infusion reactions than Drug B

## Therapy A Weaknesses

- Life threatening side effects
- Cost
- Not predictive
- Need to wait 6 weeks to give it after surgery

## Therapy B Weaknesses

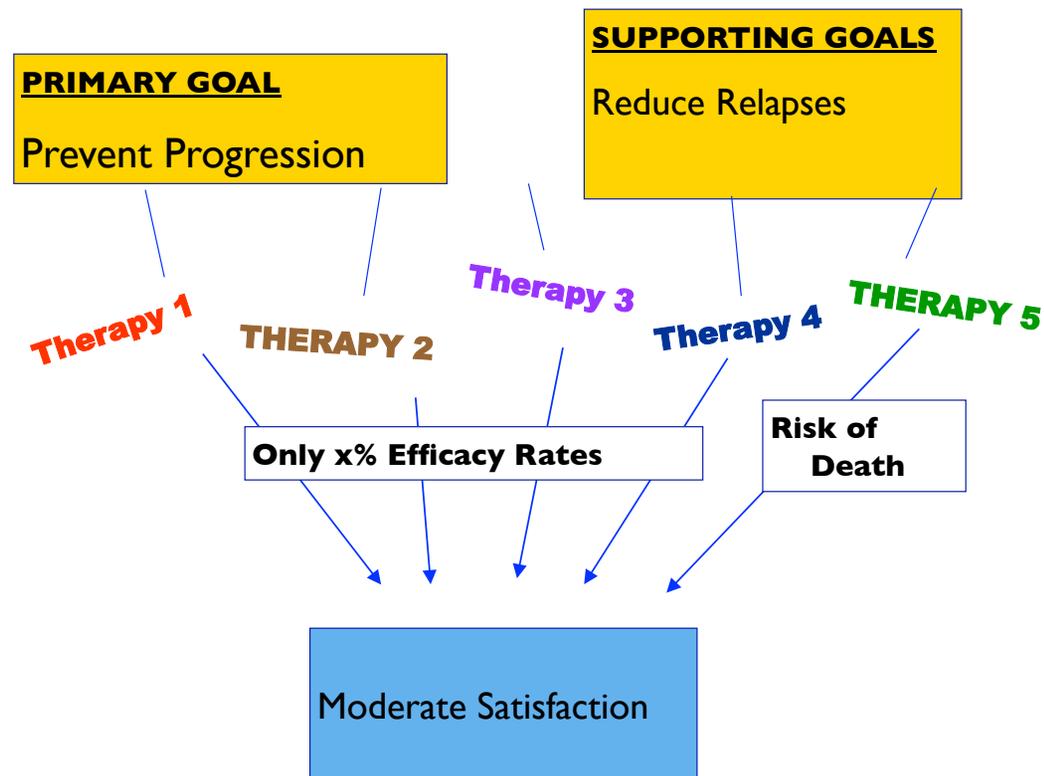
- Inconvenient side effects, which can impact compliance
- Infusion reactions
- Cost

## Therapy C Weaknesses

- Cost
- Some reimbursement issues
- Perceived as “me-too” to Drug B

# Goals of Current Therapies

Specialists are only moderately satisfied with current therapies' ability to meet their goals. They feel the treatments are "better than nothing" but "we can do better."



# Qualitative Patient Profile

## Patient Profile A: Engaged Achievers

*Engaged Achievers actively seek out information, feel empowered to make lifestyle and behavior changes and believe that their actions can impact their health. They are more likely to ask their doctors about different treatment options and may be more adherent to medication and advice (as long as it corresponds to their own knowledge and beliefs.) Engaged Achievers may feel frustrated and choose to discontinue or change treatment if they do not perceive that their treatment is working as expected.*

Engaged Achiever (from patient interviews): Rachel O.



### *In their own words:*

"I trust my doctor but I feel that it is important to look up information about my drug and other treatment options on my own, so I can make better decisions...I always tell my doctor if I think that my current therapy isn't working or when I hear about a new treatment that might be better for me."

## Patient Profile

- Age: Typically younger (age 25-40)
- Sex: Equally split male & female
- Avg. Time since diagnosis: 3-5 years
- Disease Severity: Mild to Moderate
- Symptoms: Typically experience 1-3 symptoms
  - Most common symptoms: GI upset, Pain, Fatigue
  - Average Symptom Severity: 3.5 (scale 1-not at all to 7-very severe)
- Medication use: Brand X, Brand Y
- Use of supportive therapy: Diet changes, physical therapy, herbal supplements
- Social support: Likely to be married or live with significant other, have strong support networks that include friends and/or extended family
- Emotions related to disease: Hopeful, strength, concern about the future, frustration
- Main concern: Finding the best treatment
- Proportion of patients (based on physician research): 10-15% of patients

# Conclusions

Specialists tend to select the statement which focuses less on physicians and more on patients

## Winning Statements (in order of importance)

Statement A

Statement B

Statement C

Category X is always ranked among the top three product terms along with the Category Y concept.

## Winning Product Category (in order of importance)

Category X

Category Y

Category Z

# Conclusions



Focus of messages perceived to be more patient–and less physician–focused

## *Recommendations*

- Revise tone and language of messages to speak in more concrete and medical manner
- Avoid exaggerated or overly bold phrases to emphasize arguments
- While demonstrating benefits of therapy: 1) be cognizant of physicians' role 2) be sensitive to nature of the disease
- Correct grammar to avoid confusion in communication