

# Sample Research Output





### Contents

- I. Research Objectives
- II. Methodology and Sample
- **III.** Executive Summary
- IV. Conclusions and Recommendations
- V. Detailed Findings
  - Patients' Attitudes Towards and Perceptions of Disease X
  - Patients' Journey (including symptoms and Physician-Patient Dialogue)
  - Use and Perceptions of Disease X and Rx Treatments
  - Unmet Needs and Features of New Product
  - Patients Types and Key Product Attributes
- X. Appendix
  - Study Materials





# **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



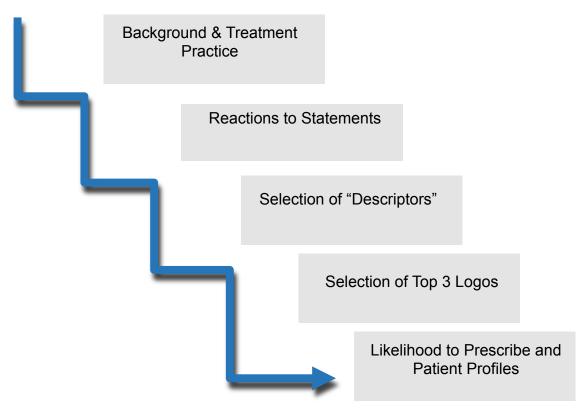
**Sample:** Respondents were recruited based on a screener and had to treat a minimum number of Disease X patients per month.

Doctors	Country 1	Country 2	Country 4	Country 5	Country 6	Country 7	Total
Total # of IDIs	36	16	16	16	16	16	116





### 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.

### Perceived Pathophysiology of Disease X

Affected system is not working as it should

Caused by

### Perceived Causes/Triggers of Disease X

Primary causes/triggers:

Stress & Diet

- A few also believe:
  - ✓ Lack/insufficient exercise
  - ✓ Some underlying, unknown medical problem

Goal of treatment

### Restore affected system

- Feel "normal"
- No other symptoms





# Patient Journey: Overview



#### **Triggers for MD Visit**

(specific/routine visit)

✓ Severe/increased symptoms

✓ Fear of more severe medical

**Diagnosis** 

✓ Tried "everything" and no improvement



#### **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

#### First-Line

<u>Treatment Options</u>	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/GE



#### **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

Overall Satisfaction with MDs:

#### **Patient**



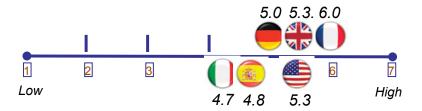




# Likelihood to prescribe

# 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)



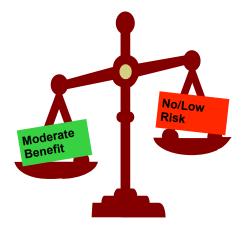
\*On a scale of 1 to 7 where 1 is not at all likely and 7 very likely, how likely are you to prescribe product X?





# **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."







## Conclusions

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

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

Winning Statements (in order of importance)

**Statement A** 

**Statement B** 

Statement C

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

