



1

Foundational Studies

Market Landscape

*Patient & Caregiver
Experiences
Success Story*



The Challenge:

To gain insight on Non-Small Cell Lung Cancer Stage III/IV patients for internal strategy and support materials

The Client:

A well-know, international pharmaceutical company

Our Approach

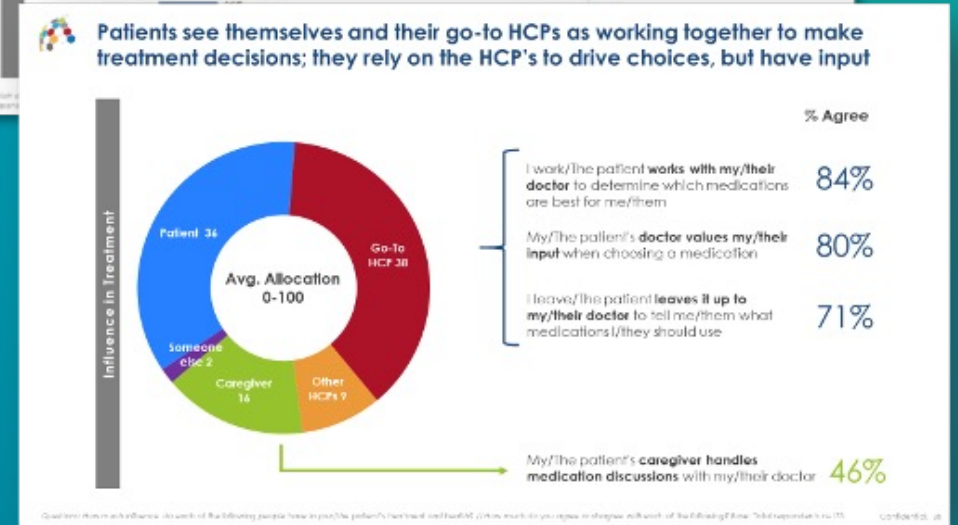
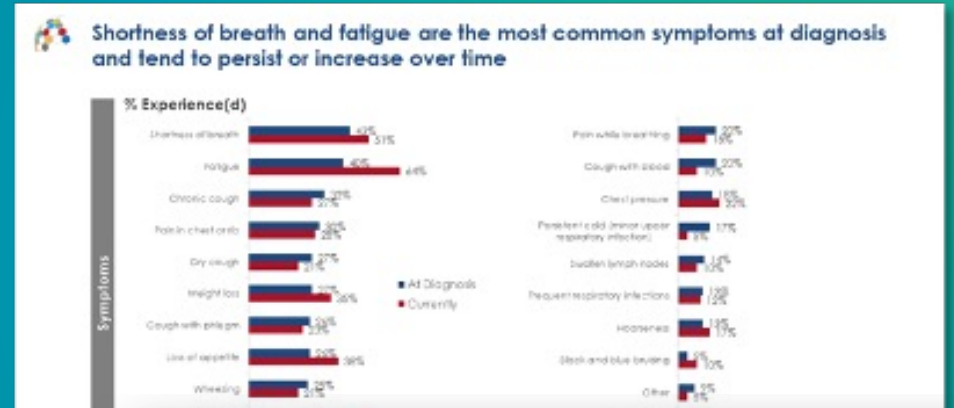
A quantitative and qualitative blended methodology

Quantitative



Quant Assessment

To understand attitudes & experiences of patients & caregivers around NSCLC



Our Approach

A quantitative and qualitative blended methodology

Qualitative



Diaries



Blobs

To reveal deeper understanding around feelings when diagnosed vs current

Diary Examples

DIAGNOSIS

"I was so shocked. No one when I was 8th grade, I didn't smoke. I cried for days **feeling sorry for myself**. I thought I just turned 50 I am not ready for this. Why me? I felt so **scared and alone** I knew I was going to get sick from chemo. I didn't want to lose my hair, my job. I **didn't want to be a burden**."
- Female, 53

"Shock and then immediately went into **survival mode**. What medication or course of treatment is needed? **lets begin treatment right away**."
- Caregiver, Female patient

"I am **achy, sweaty, scared**. I just found out I have lung cancer. I am **in blame**. I smoked. I rushed my legs. I

TODAY

"I am **hopeful** today that it can be **controlled with new treatments**. I miss teaching but I am able to keep my two beautiful granddaughters. My house isn't as loud like it. I am able to go to the lake and camp, relax, and fish with my friends and family. I've learned to **not sweat the small stuff**. Things will work out." Female, 53

"It is very hard because she is **feeling more tired**. I can see that she is **fighting to remain positive**. She has stopped going to church and **doesn't want anyone to come by the house** to see how much weight she has lost. She is still speaking with friends on the phone which lifts her spirits. We do not talk about her feelings, but she tries to project that she is okay. I think she is **feeling very frustrated about her low energy level and the change in her look**. She is experiencing **discomfort from the medicine** and that is very **frustrating and draining** for her."
- Caregiver, Female patient

Bad Days are those with fatigue, depression, and anger; Good Days are characterized by having energy to be active and company from loved ones

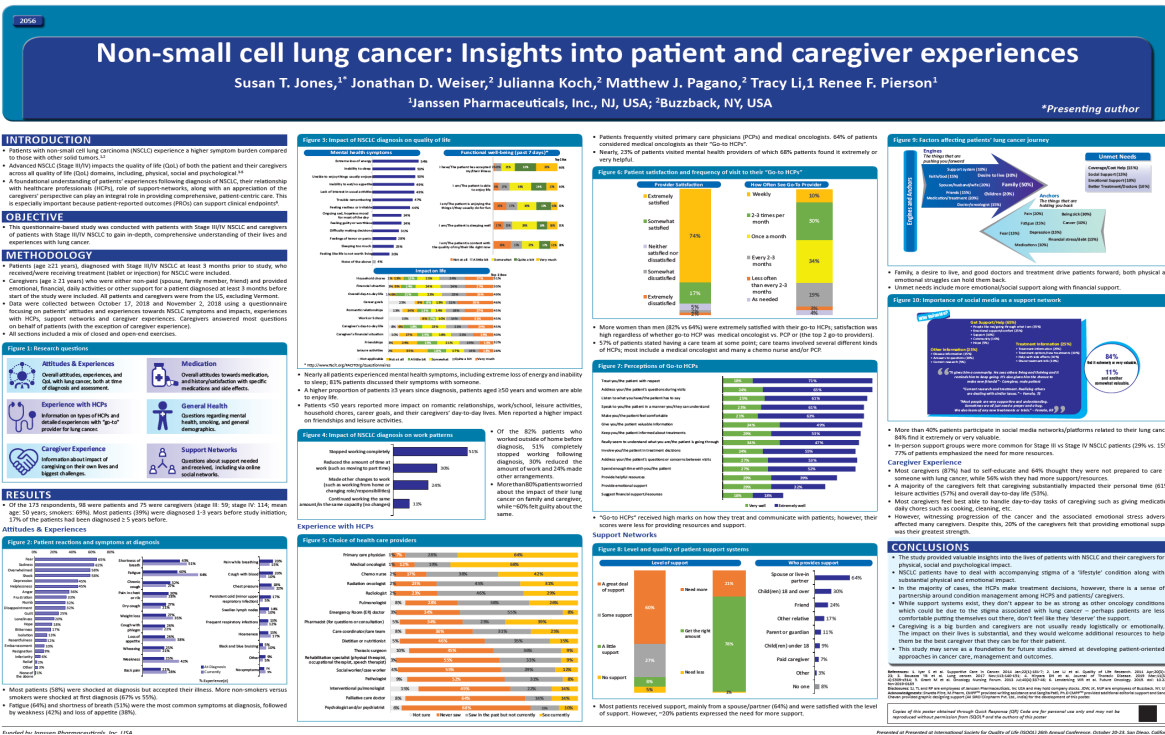
Category	Item	Percentage
BAD DAY	Fatigued, Tired, No energy	30%
	Want to lay in bed	30%
	Guilt, like a burden	5%
	In pain, aching	10%
	Lonely, alone	10%
	Hopeless or helpless	5%
	Afraid	15%
	Just hanging on	15%
	Wanted it to end	5%
	Limited, Can't do anything or what I used to do	10%
GOOD DAY	On top of the world	15%
	Feel good	15%
	Able to be active, go out and do things	25%
	With family and friends	15%
	Happy, smiling	40%
	Alive	10%
	No symptoms, pain	5%
	Content, calm	5%
	Can do chores, clean	5%
	Holding on	5%

Actionable Insights

Presented at:



ISOOOL
INTERNATIONAL SOCIETY FOR QUALITY OF LIFE RESEARCH



- Identified gap between patient needs and available treatments
- Mental health symptoms experienced, but only a quarter see a mental health provider
- The stigma associated with NSCLC adds to the emotional and physical impact on patients
- Caregivers feel unprepared to provide care and welcome additional resources

Opportunity Assessment

Technological Acquisition Success Story

The Challenge:

Client deciding whether to **acquire a technological asset** helping patients adhere to medication and wanted to explore current use of technology + assess opportunity

The Approach:

Quali-Quant study of **patients, HCPs, and payers** to inform digital strategy within category and to guide decision on whether to move forward with asset

Our Approach

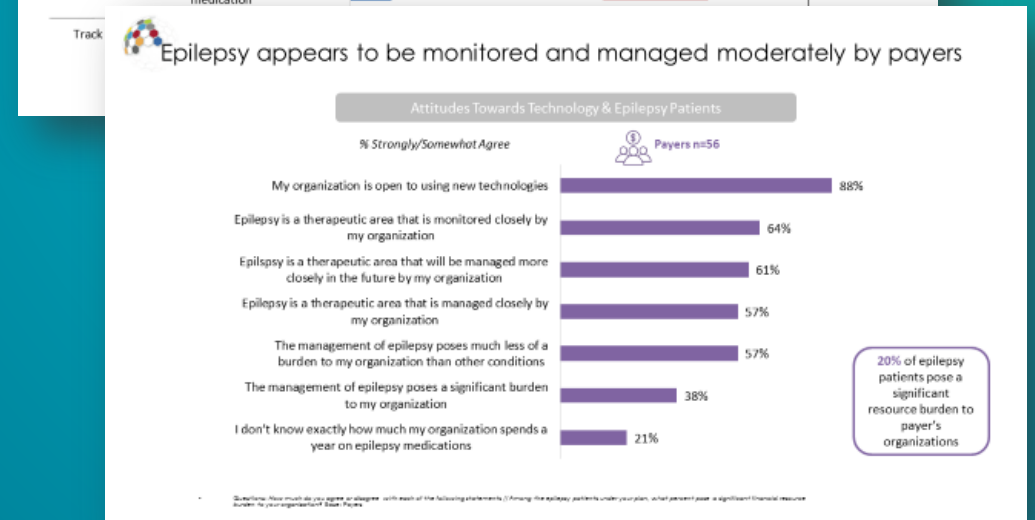
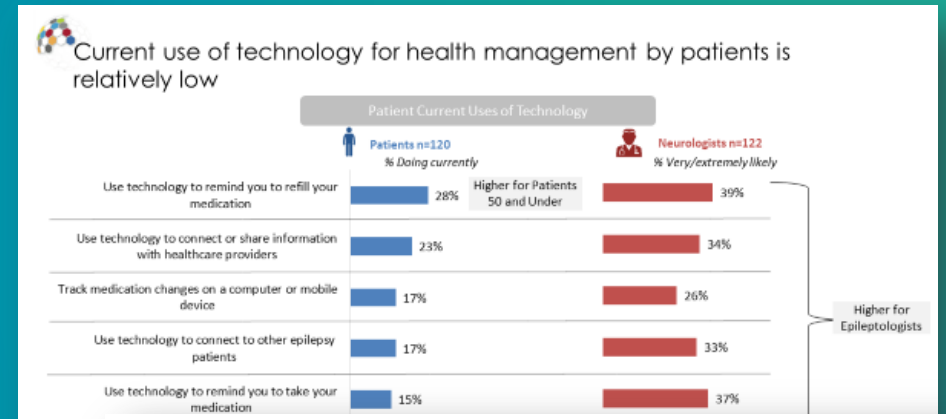
A quantitative and qualitative blended methodology

Quantitative



Quant Assessment

To understand attitudes & usage toward technology + identify opportunities



Our Approach

A quantitative and qualitative blended methodology

Qualitative



eCollage™



Blobs

To understand key visual & emotional associations around treatment

Similar to neurologists, patients think those struggling with symptoms and lacking support, as well as active/busy patients, would benefit from [TECHNOLOGY]

Who Would Benefit Most From eText Technology Patients n=120

Category	Key Points	Quote	Quote	Quote	Image
Struggling with Symptoms	Barely hanging on/ In distress	"Barely hanging on and cannot do it without medications."	"Someone who feels helpless and could use this type of program."	"Those who suffer from seizures constantly."	
	Symptoms out of control				
	Needs help				
Lacking Support & Tools to Manage	Frustrated with condition and may be non-compliant	"A depressed patient, likely to stop taking medications."	"Failure of treatment due to poor compliance."	"Isolated, requiring more assistance."	
	Poor support system				
	Potentially depressed				
	Independent and carefree				

Physicians see [NEW TECHNOLOGY] as way to use technology to improve non-compliance

Top Key Themes Neurologists

- ### 1 Improving Non-Compliance

Most physicians mention the primary benefit of [TECH], **improving non-compliance**. Physicians say that this is an **important technology** that will help **solve the puzzle of non-compliance** and also **prevent patients from lying** about taking their medication.

Top Images
- ### 2 Using Technology

The use of technology receives plenty of attention as physicians describe it as a **winning, innovative technology** that will be key to solving the issue of adherence. Only a few feel that the technology misses the mark.

Top Images
- ### 3 Keeps Meds on Schedule, Reminds Patients

Physicians also often mention the benefit of **keeping patients on their medication schedule** and serving as a **reminder** for patients since doctors will know if they took their medication.

Top Images
- ### 4 Patient-Doctor Relationship

The patient-doctor relationship is another notable benefit mentioned, as [TECH] will **improve coordination and teamwork** between both parties.

Top Images

Images selected by at least 5% of Physicians

* Open-Ended: Now we want you to create a collage that expresses how you feel about Technology Y. We aren't interested in any thoughts, feelings, words, imagery that comes to mind when you think of this technology. These can be both positive and/or negative associations. // Now please tell us about your collage. Why did you select the images you did? How do these images express how you feel about Technology Y? // Please give your collage a title. (Max. 100 characters)

Actionable Insights

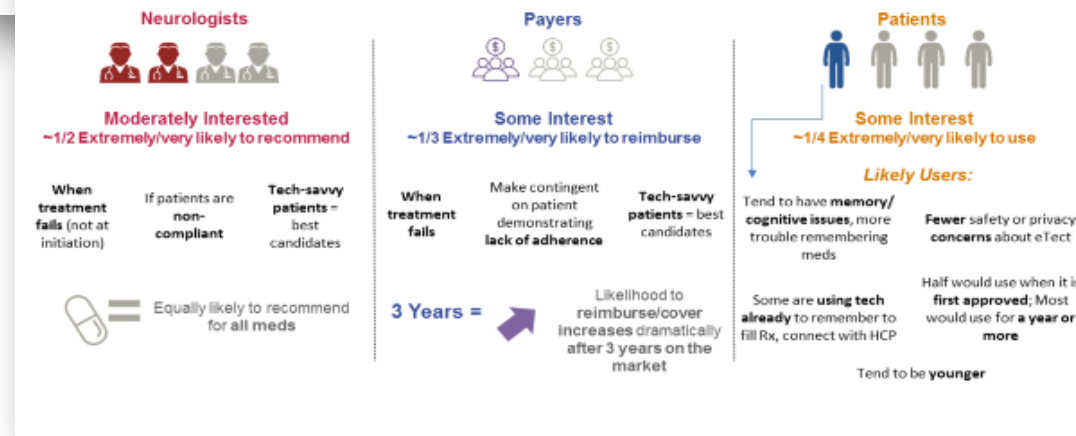
Considerations

- Does this research support the business case to adopt technology?

- 1 There is a business case – specifically for patients who have failed treatment or currently have difficulty remembering to take medication; but pricing maxes out at \$ABC (\$AB covered by insurer and \$CD to patient). UCB should consider adopting the technology only if a \$ABC price point will cover COGs, etc.
- 2 Patients do have some concerns around privacy and data access, but privacy concerns are not a deal breaker for all patients. Likely users, although a smaller subset of patients, want to share data with HCPs, believing it will improve treatment. Information on how data are protected may reassure others.
- 3 To support the technology, additional clinical trial data would be beneficial – ideally to demonstrate better adherence/outcomes, but some demonstration that the technology works may be sufficient – cost/benefit analysis also appealing to payers.

Executive Summary (cont'd)

- How or when might [TECH] technology be used?



- Identified business case and maximum price
- Determined how stakeholders saw value
- Identified specific patient profiles
- Uncovered need for cost/benefit analysis

Patient Journey

Menopause Success Story



The Challenge:

How to better connect with women along their menopause journey

The Client:

An innovative pharmaceutical company committed to women's health

Presented at  **ephmra**
excellence · community · standards

Annual Conference 2020

 buzzback

Our Approach

A holistic approach with qualitative and quantitative blended methodology



Patient Journey

Social listening confirmed focus of online conversation on **emotional and psychological needs**, with less conversation about medical treatment options – and guided our study and instrument design



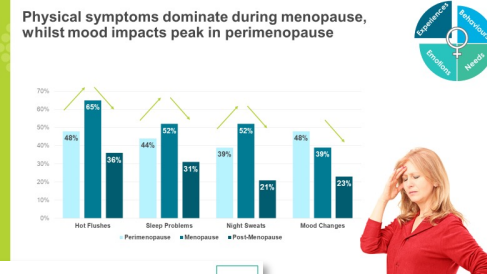
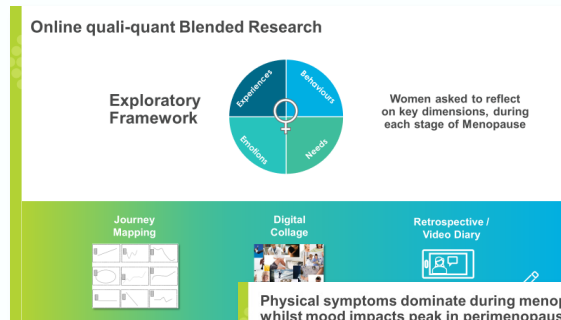
Most conversation and engagement on emotional and psychological dimensions

Negative impacts on mental health (including treatment)

Resources for mental and emotional support

Call for more conversations around menopause, particularly in workplace

Blended qual-quant approach unearthed key themes across all stages using **investigative framework** to explore – **experiences – behaviours – emotions – needs**. **Video diaries** brought patients' voice to learnings



Taking it in stride, and quietly getting on with it

Perimenopause

Doesn't Disturb...

My periods seem to have stopped altogether now. Then, I don't need to use birth control anymore, and I don't need to buy feminine products. Let's see how I feel now. I'm curious about this new stage of life.

Menopause

Doesn't Disturb...

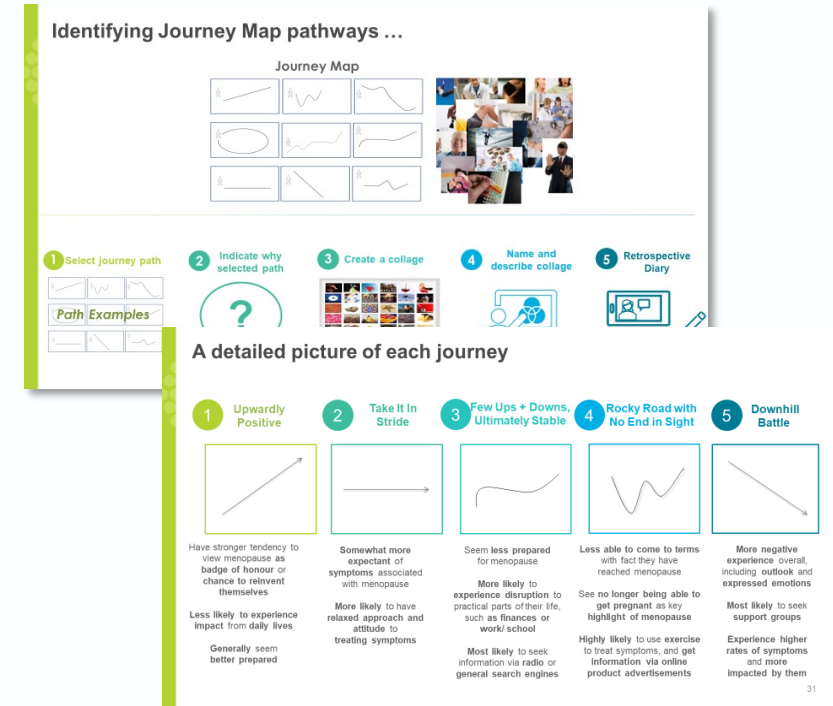
My period seems to have stopped altogether now. Then, I don't need to use birth control anymore, and I don't need to buy feminine products. Let's see how I feel now. I'm curious about this new stage of life.

Hope, Love, Joy

I've placed myself in the middle as a fighting lion, in a field on the beach, but it's also important to be a symbol of my grandchild, with whom I can enjoy life without a care. The animals and flowers represent the things I like. Like flowers and nature and animals. In this image, I see myself as a little dog happily running across a meadow. The snake represents adventure for me; I recently watched a snake and was proud to have now overcome my fear. The small blue bird represents cheerfulness, energy, and a colorful life. My green background embodies hope.

Take It In Stride -30%

Journey mapping identified 5 generalized pathways for women through menopause. **Pathway segments** enabled us to link Qual and Quant for deeper learning



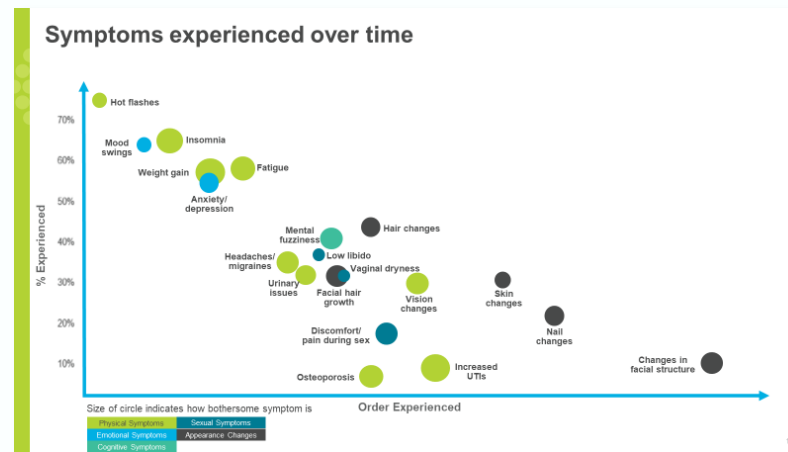
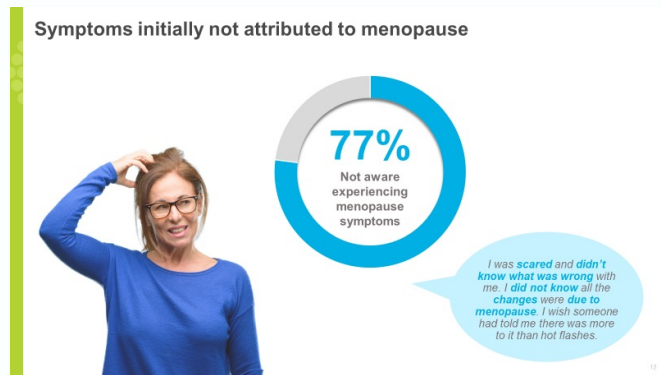
Patient Journey - Touchpoints

Followed up with **Touchpoints** research for activation learnings

Symptom led: often symptoms initially not attributed to menopause, and so a need to focus on individual symptoms, needs and solutions / strategies.

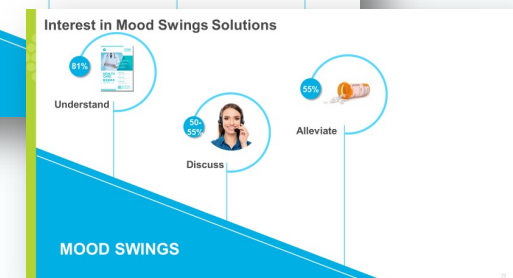
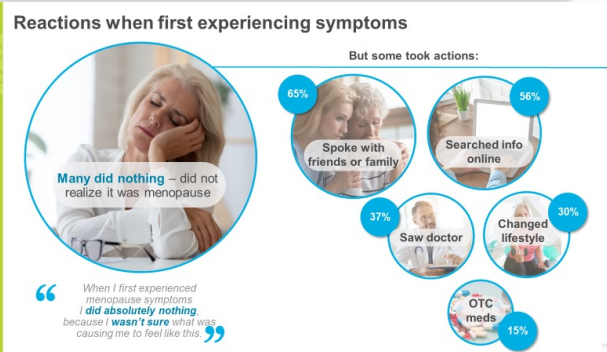
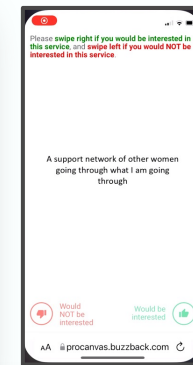
Mapped incidence and impact of symptoms, occurrence over time and impact on QoL. Modular design focussing on key symptoms ...

Evaluation of **interest in potential solutions**, via intuitive **Swipe**.



Eight modules with 33 different solutions run on following symptoms:

- Hot flashes/night sweats
- Mood swings
- Insomnia
- Vaginal dryness
- Mental fuzziness
- Fatigue
- Hair changes
- Discomfort during sex



Actionable Insights

Presented at  Annual Conference 2020
excellence - community - standards

- Understanding of women's experience and needs across stages of menopause, with focus on emotions, needs and tone of voice
- Implications and white space for positioning and development of support solutions
- Symptoms are not equal, and impacts vary, requiring different responses
- Opportunity to engage early: women try to understand symptoms prior to diagnosis
- Solutions identified and ranked by symptom and importance



Ethnography

Breast Cancer Patient Journey

Success Story



The Challenge:

To expand our knowledge of the metastatic breast cancer patient journey

Our Approach

Mobile Ethnographies – Mobile diaries for patients to share in the moment

Many patients find it difficult to fully grasp the diagnosis and treatment options set before them leading many to turn to the internet to seek opinions.

Most describe the emotional journey as a rollercoaster with the highest of highs and lowest lows.

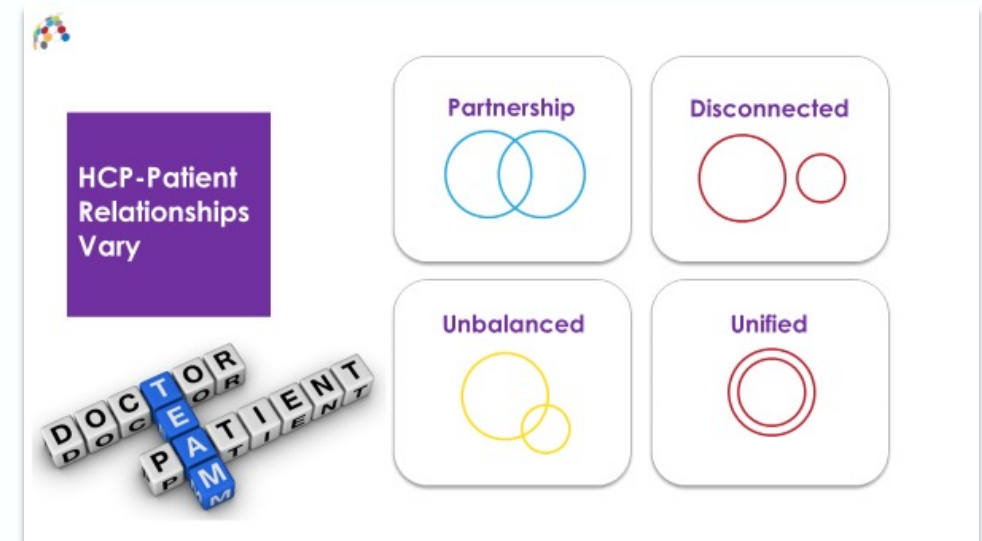


Our Approach

In-Person Ethnographies – conducted in patient's home or treatment facility

mBC patients do not want to be treated differently and want to maintain a sense of normalcy...

Though this often conflicts with living between scans and learning to live in increments of time.



Patient Journey

Obesity Patient Journey Success Story

The Challenge:

To deeply understand the obesity consumer journey by identifying unmet needs, current treatment approaches and HCP interactions

The Client:

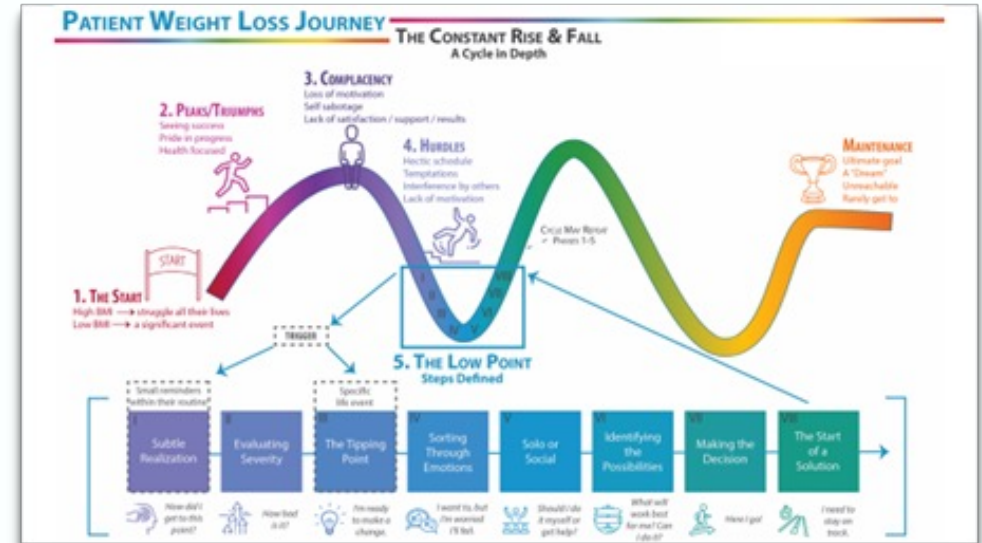
A well-know, international pharmaceutical company

Our Approach

Online Forums – online platform that allows for qual participation in a low stake environment

The weight loss journey is full of ups & downs for patients and many struggle to break the cycle.

Patients often describe the emotional toll as a “push-and-pull” that comes with the intent to lose weight and the realities of what the journey entails.



Our Approach

In Depth Interviews – moderated conversations to dive deeper

Above all else, many are seeking balance to lead a happy, normal lifestyle which they believe is possible through losing weight.

Current options for patients leave them unsatisfied whether it be cost or lack of accountability. Patients find that their HCPs tend to be less empathetic.

The Patient Weight Loss Journey *Emotional Struggle with their Weight*

In-between the push and pull of positive and negative emotions is the desire for balance. Weight management is a balancing act between making the right choices regarding food and exercise, but still allowing yourself the enjoyment in life and leading a normal lifestyle and having all the elements fit together (like puzzle pieces).



The Weight Loss Toolbox Today *Key Players*

Younger patients (under the age of 40), patients with a higher BMI, and males in certain markets (particularly Australia and Brazil) tend to describe their journey as a "solo" one, where they rely mainly on themselves to seek out information and make the decisions on weight loss efforts. For these patients, this seems to stem from the embarrassment they feel talking about their weight and asking for help, or just giving up hope for those morbidly obese.





Questions?

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