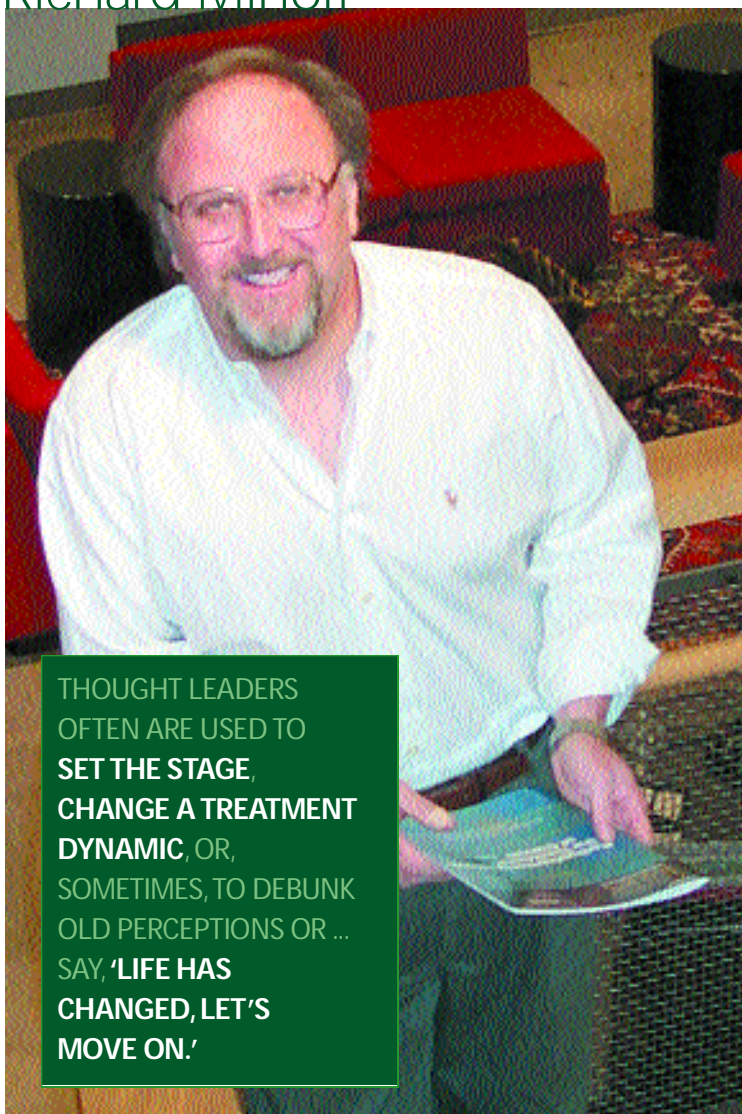


Thought-Full Relationships

Key opinion leaders, **THOUGHT LEADERS**, and **ADVOCATES** can play a critical role in **DRIVING PHARMACEUTICAL SALES.**

Richard Minoff



THOUGHT LEADERS OFTEN ARE USED TO SET THE STAGE, CHANGE A TREATMENT DYNAMIC, OR, SOMETIMES, TO DEBUNK OLD PERCEPTIONS OR ... SAY, 'LIFE HAS CHANGED, LET'S MOVE ON.'

INVOLVING THESE THOUGHT LEADERS EARLY IN THE PROCESS CAN MAKE THE DIFFERENCE BETWEEN A SUCCESSFUL LAUNCH AND A MAJOR DISAPPOINTMENT

In the drive for market success, top companies are harnessing and capitalizing on knowledge "owned" by specialists, often referred to as thought leaders. According to Best Practices Inc., Pfizer successfully employed thought-leader endorsements by consulting the Vatican when releasing Viagra and letting physicians review direct-to-consumer advertising before launching the campaign. Thought-leader relationship management is a critical piece of the evolving pharmaceutical sales process, as experts play a significant role in successful product launches and life-cycle management.

Companies most effective at optimizing thought-leader initiatives, according to Best Practices, create a surge of influence and market-focused attention before, during, and after product launch. These thought leaders can add tremendous value to the product, ensure market success, rapid uptake, and extend the product's life cycle.

"Thought leaders are used effectively to educate their colleagues about the epidemiology, pathophysiology, diagnosis, and management of disease," says Neil W. Matheson, president and CEO of ApotheCom Associates LLC. "They also are used to present preclinical and clinical data on new drugs and to ensure that those data are clearly understood. Thought leaders must be able to field difficult questions, provide thoughtful and convincing answers, and they must be able to speak from their own clinical experience."

Thought-leader development

One of the first challenges pharmaceutical companies face when embarking on a thought-leader development program is identifying who the key opinion leaders are in a therapeutic area.

Neil Matheson

“A thought leader is a top opinion leader, a driver of a therapeutic area, one who has conducted significant research, has been published, is considered by peers to be an expert, and is working on or advising on the clinical treatment of patients,” says Marcia Bryan, principal and managing partner of Bryan & Klein LLC.

This definition may vary to some degree, but most industry experts agree that top thought leaders have papers published extensively in peer-reviewed publications.

According to Diane Hayes, Ph.D., senior VP of content and editor in chief of MedPanel Inc., “A thought leader is a physician who is well-published in the peer-reviewed literature and who is on the cutting edge in his or her field. Thought leaders are affiliated with renowned academic institutions and have trained at top institutions.”

In her opinion, thought leaders can be evaluated on their current affiliation; academic title; institution of medical school, residency, and fellowship; publications in peer-reviewed journals, as well as quality of journals; editorial oversight and other professional activities; and grant support.

“Each physician is reviewed based on all the above criteria so a thought leader at a less prestigious institution can still be considered a thought leader if all other criteria are strong,” Dr. Hayes says.

Critical is a thought leader’s ability to guide research and development of key therapies in the medical field.

“These thought leaders are the principal investigators on critical, developing research from the time a product is in preclinical research throughout the drug-development cycle,” Dr. Hayes says. “Further, community-based physicians tend to rely on thought leaders in their specialty to help shape the course of therapeutic approaches.”

According to Julia Ralston, R.Ph., president of DVC Healthcare Communications, thought leaders are very important in treatment paradigms that may not be well-established or have association-certified guidelines. “Thought leaders play a pivotal role in relation to cutting-edge science where new concepts are constantly being tested or considered,” Ms. Ralston says. “For example, in the areas of oncology or HIV.”

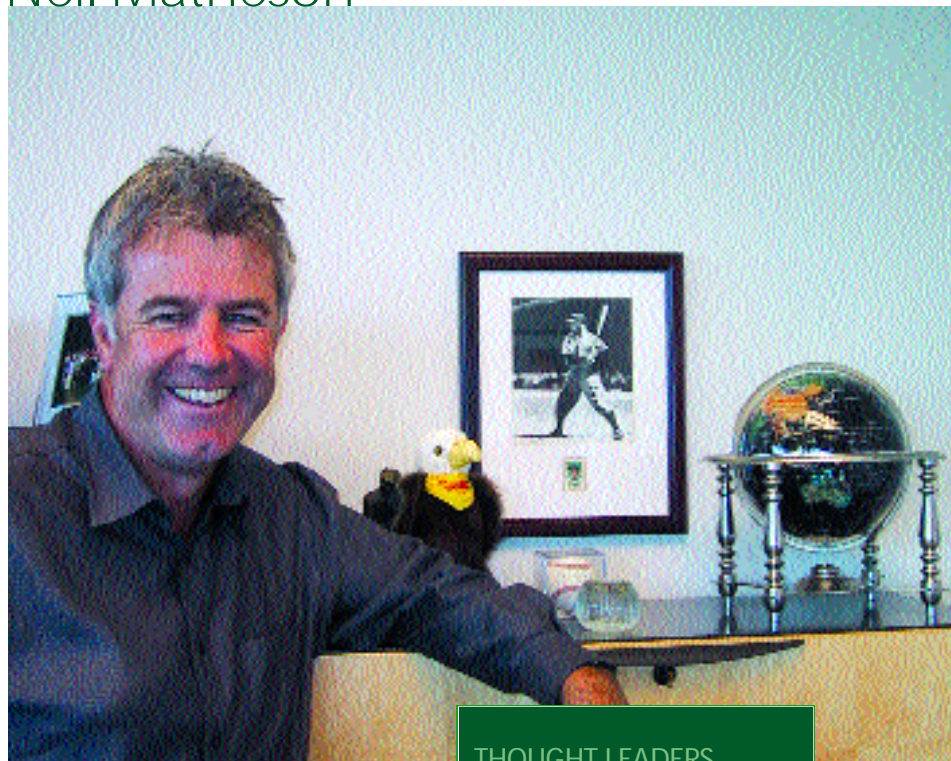
According to Best Practices, ideal characteristics of an effective thought leader include: a commanding knowledge of the disease; a full understanding of the product’s treatment capabilities; excellent leadership skills, peer recognition, and respect; and a broad sphere of influence. Companies often turn to their market researchers, who are experts in identifying and influencing thought leaders based on these criteria, because of their interaction in the field. Other targeting techniques include asking medical practitioners to identify the most influential experts and having program directors constantly evaluate thought-leader lists.

To help them sort through their list of experts, many executives say they segment thought leaders into functional categories to promote clinical trials, build reputation, and endorse brand prestige. According to the Best Practices survey, one company segments thought leaders regionally and globally so their specific needs can be addressed. Regional thought leaders do more clinical work. National leaders, usually academics, are further segmented into categories according to prestige. This allows companies to prioritize experts and concentrate on smaller segments of thought leaders.

“National thought leaders are associated with major centers of excellence impacting health policy,” says Michael Caso, president of Nexus Communications Inc. “They are actively involved in scientific or clinical research and publications. They hold decision-making positions in professional societies or associations and specialty journals, and they speak at national educational programs.”

According to Michael R. Curry, president of The Curry Rockefeller Group LLC, “Thought leaders can be viewed as influential alchemists. They combine and distill a mix of research findings, clinical experience, and their intuition into a precious commodity — the ability to guide their colleagues toward improved patient outcomes. The clinician today is faced with innumerable avenues of attaining information and it is imperative that they have the opportunity to look to respected and experienced authorities to stimulate discussion of emerging information, to distill these data in the context of relevant experience, and to obtain insights into clinical practice. The experience of thought leaders as investigators and authors of important clinical trials and treatment guidelines lends them a credibility that is critical to their impact upon their audiences.”

Effective thought leaders pull together research findings, clinical experience, and intuition to help physicians understand new therapies and improve patient outcomes.



THOUGHT LEADERS ARE USED EFFECTIVELY TO EDUCATE THEIR COLLEAGUES ABOUT THE EPIDEMIOLOGY, PATHOPHYSIOLOGY, DIAGNOSIS, AND MANAGEMENT OF DISEASE.

Barbara Blasso



COMPANIES SHOULD BE MINDFUL TO ENGAGE MULTIPLE THOUGHT LEADERS, CONTINUALLY BRING NEW INDIVIDUALS INTO THE CIRCLE, AND NOT ALLOW ANY PARTICULAR PHYSICIAN OR THOUGHT LEADER TO BECOME TOO CLOSELY ASSOCIATED WITH A PARTICULAR PRODUCT FOR TOO LONG.

“Thought leaders add high credibility, gained as investigators or as authors of clinical trials or treatment guidelines, to the weight of their abilities to stimulate discussion on new information, to relate data to experience, and to provide insights into clinical practice,” Mr. Curry adds.

Ideally, thought leadership functions above the level of a specific product, or even a class of product.

“The thought leader is asked to examine current practice as a whole, to define obstacles and limitations to effective diagnosis and treatment, analyze outdated approaches to practice, and identify the potential for new more optimal approaches,” says Barbara Blasso, president of International Meetings & Science, a division of Grey Healthcare Group. “Thought leaders address issues, rather than products. They provide the context in which a new product is evaluated. They draw an arc from the past, through the present and ideally beyond the immediate contribution of a particular product. His or her focus is on the future, on developing trends, on the overall management of a disease. The product is not the entire solution. It may be part of the solution. As a result, thought leaders do not align themselves with a particular company or product.”

Most important is the practical experience thought leaders can provide a pharmaceutical company. Physicians are accustomed to learning from one another, thus having expert discussions in relatively intimate settings provides a good forum for presenting information.

“Traditional teaching in medicine has always been done in a small mentoring environment with medical students and young doctors learning the art of medicine from a highly respected older statesman,” Mr. Matheson says. “This process continues after formal medical training has been completed with each layer on the influence-pyramid looking above for guidance and advice from the ‘thought leaders’ they have learned to respect. Those occupying the top tiers are the thought leaders at a global, regional, and national level. They are the respected few that review the results of medical research and decide how those results will change clinical practice. Without their endorsement it is difficult to implement changes in the framework in which individual physicians manage their patients.”

Managing the thought-leader relationship

As companies begin to form relationships with influential experts, it is imperative to plan ahead to develop a clear concept of thought-leader criteria so that they target those experts that can provide the greatest benefit to the company at different stages of a product’s life cycle.

Even at the earliest stages of a product’s development, world thought leaders are targeted for involvement in Phase I and II clinical trials. Key national and regional thought leaders are identified two to three years before launch to shape Phase III trials and participate in them with their patients.

According to Best Practices, in extensive development programs for a major drug, one executive suggested that a company might seek to engage influential physicians from 100 to 250 key local U.S. markets for Phase III trials. Local market influencers also are engaged in conferences during the months preceding launch.

“Thought leaders are used effectively throughout the drug-development cycle,” Dr. Hayes says. “The benefit of working with thought leaders begins in the pre-clinical phase to identify therapeutic opportunities and the commercial potential of targets during the discovery process. Animal data often are reviewed by these experts and safety concerns are highlighted. In addition, the mechanism of action of a product can be investigated at this level. We have conducted numerous online discussions with experts to better understand a molecule in development, its mechanism of action, the competitive environment, benefits and drawbacks if pursued, suggestions for clinical trial design, and indications for use. Thought leaders are uniquely equipped to make a major contribution to research at this stage.”

Thought leaders also are valuable as a product moves into early phase clinical trials.

“Their input regarding trial design, including appropriate endpoints and surrogate markers, control arm, length of follow-up, measurement issues, among many other trial features is valuable,” Dr. Hayes continues. “Perhaps the greatest value in involving thought leaders at this phase is to obtain their perceptions on safety and efficacy data. These experts are well-trained in clinical-trial execution and data interpretation and provide key insights at this stage. At this phase, we often include a product profile outlining mechanism of action and identify early safety and efficacy data. We tap expert comment on the strengths and benefits of the product, its potential hurdles, and likelihood of succeeding in the market. These thought leaders often add value by recommending Phase III trial design to fully test the product under review.”

As a product proceeds to Phase III and then to market release, the thought-leader contribution changes somewhat.

“Projects conducted by us at these stages generally involve investigating market acceptance by querying the thought leaders about the message the data convey,” Dr. Hayes says. “Is the product

Michael Caso



NATIONAL THOUGHT LEADERS ARE ASSOCIATED WITH MAJOR CENTERS OF EXCELLENCE IMPACTING HEALTH POLICY.

novel? Does it fill an unmet need? Who is it appropriate for? What patients is it contraindicated for? Are there additional indications that may be appropriate for this product?"

There also will be occasions when thought leaders can provide guidance on controversial issues. "Clearly the most valuable places for thought leaders are in the seminal stages of a product's lifecycle — late-stage clinical planning, the initial launch, and the pursuit of additional indications or uses," Mr. Curry says. "But there are other times when they can play an important role, such as to inform colleagues and patients during the debate over a suddenly controversial therapy. The recent debate over the appropriate role of hormone replacement therapy, for example, has provided an extraordinary need for these physicians to lead their colleagues (and their patients) through a staggering array of challenges and questions toward a more informed approach to effective management."

Thought leaders also can help pharma companies to focus on unmet medical needs, realize when there are competing products, and recognize projects they should drop.

"We look to thought leaders to help us advise our clients on how best to enter the market to ensure a quick ramp-up, create new markets, and how best to educate their colleagues to make sure that the brand is positioned appropriately," says Richard T. Minoff, president of Dorland Pharma. "Thought leaders often are used to set the stage or to change a treatment dynamic or, sometimes, to debunk old perceptions, or to simply help put issues in perspective, and say, 'life has changed, let's move on.'"

Thought leaders: a hot commodity

Once the thought leader community for a particular brand or product has been identified, the next challenge is getting them on board.

"Companies are pursuing the top experts in each therapeutic area and every company wants their involvement with its products," says David Wang, senior manager at Best Practices LLC.

As a solution, Mr. Wang suggests turning to up-and-coming thought leaders — and some companies are doing this.

"New-in-practice physicians, protégés of strong key opinion leaders or brand advocates, may also be very effective speakers," Mr. Minoff agrees.

There are significant challenges involved with thought-leader management. Above all, the pharmaceutical company must remain realistic about what thought leaders and advocates will and won't do. Thought leaders must maintain their credibility and integrity to have a market impact.

"Companies need to understand that thought-leader development and building brand advocacy is a long-term process, not just a six-month or 12-month phase in marketing," Mr. Minoff says.

Another challenge, is to make sure that the brand's key opinion leaders, advocates, and speakers are well aware of what's going on with the brand. They need to be kept informed, particularly on key issues and the latest data.

To optimize a brand globally, pharmaceutical companies need to take a "broad-front" approach. The companies need to ensure that opinion leaders in every region are on board with the key product information and data, and fully understand the brand's strategy. Mr. Minoff suggests that one key to ensure globalization is to seek market commonalities, and yet allow for, and respect, regional and local differences.

"Since global advocates convince regional advocates, and they in turn convince national advocates, it is important to develop advocates in that order," Mr. Matheson says. "Most family practitioners will not initiate treatment with a new drug unless they have discussed the drug with a respected thought leader — the person they use as a mentor in that specific area of medicine — most often a specialist."

Maintaining objectivity

The value of the thought-leader relationship will, in part, be governed by the integrity of the educational offering, and the objectivity of the thought-leader faculty.

"Companies should be mindful to engage multiple thought leaders, continually bring new individuals into the circle, and not allow any particular physician or thought leader to become too closely associated with a particular product for too long," Ms. Blasso says.

By doing so, the pharmaceutical company can guard against bias, while striking a balance between the medical and scientific focus, and the commercial focus.

"Some companies are better at striking that balance than others in the sense that they have processes and structures in place to ensure the balance," Mr. Wang says. "Companies that are committed to scientific and medical leadership have a greater incentive to strike that balance because

Julia Ralston



A THOUGHT LEADER'S PRINCIPAL MOTIVATIONS ARE DOING RESEARCH AND SHARING INFORMATION. AN ADVOCATE IS PROBABLY MORE INTERESTED IN HIS OR HER PEERS ADOPTING A TREATMENT GUIDELINE OR OPTION, OR A PRODUCT.

instead of the short-term gains, they're really looking at long-term trust and brand leadership. When the thought-leadership process is not well-defined, and where there is competitive pressure and pressures related to revenue generation and profitability, companies are more vulnerable in terms of introducing bias."

"An audience will spot a commercial program — and won't mind if led to expect one," Ms. Bryan explains. "But an audience expecting an educational offering wants to receive new, unbiased clinical information. There is a balance to maintain, because the sponsoring company wants to make sure its dollars are well spent — that its message is delivered to the right audience — without compromising the integrity of the program or the reputation of the thought leader."

While every system or set of guidelines can be abused, most industry experts agree that the current system is self-correcting.

"The medical community senses biased advocacy and filters it out," Ms. Blasso says. "When a certain physician becomes too closely aligned with a product his or her words lose credibility."

And, those in the thought-leader community don't want to be perceived as being "owned" by any one particular pharmaceutical company. Since serving as a thought leader provides financial rewards, specialists and companies need to be vigilant about their relationship. Companies that have retainer relationships with thought leaders run the risk of creating a bias due to a financial relationship.

Ms. Blasso says companies can guard against bias by asking for input from their thought leaders on issues related to their product, rather than to ask for direct support of the product.

"Companies should make it clear when they have engaged a disinterested thought leader to address larger health issues that surround a product, and when they have engaged an advocate to express the specific views of the company," Ms. Blasso says. "When a company engages a thought leader in a medical education activity it is critical to comply with requests for disclosures of industry support."

Every time a thought leader or advocate or speaker stands in front of an audience, their reputation is at stake, and physicians are required to declare what their relationship is with the pharmaceutical company. Companies have become strict about adhering to this guideline.

"Advocates enhance their credibility by disclosing all relationships and openly discussing a product's strengths and weaknesses," Mr. Matheson says. "The best advocates can balance their relationships without diluting their abilities to provide support for companies and products. It is unrealistic to expect an opinion leader not to work for other companies. It is realistic to expect one to be unbiased and to provide fair balance when discussing topics such as concepts and research data. It is acceptable for an opinion leader to express a personal opinion, usually prefacing it by, 'In my personal experience.'"

Mr. Matheson notes that these physicians are remunerated for their time in preparing presentations, attending meetings, and providing consultancy to pharmaceutical companies.

"This monetary relationship does beg the question of is there 'bias'?", Mr. Matheson adds. "However, it is my belief, that the money isn't enough to convince an opinion leader to compromise his/her professional reputation or ethical standards."

The onus is on thought leaders to base their position on scientific facts regardless of who they have received funding from.

"To maintain their perceived objectivity, thought leaders need to guard against overly associating with just one company, be it pharmaceutical, biotech, or diagnostic," says Charles A. Rockefeller, CEO of The Curry Rockefeller Group LLC. "The challenge for a pharmaceutical company is how to support thought-leader independence while maximizing its brands and managing this delicate relationship."

By encouraging thought-leader dialogue and debate, bias can be deterred. This is critical since, if detected, bias can preclude effective information exchange.

"The line between strongly held opinion, which to my way of thinking suggests a reasoned consideration of alternatives, and bias, a pejorative word which suggests an inability to make impartial judgments, is an important one," Mr. Curry says. "We need articulate, passionate, well-informed, and open-minded thought leaders to reshape physicians' practices effectively. The presentation of fair and balanced information, combined with a high level of discourse, not only helps us attract audiences, but also validates the outcomes of the programs."

Mr. Matheson says opinion leaders create their own standards on what they will and will not do, and are careful not to compromise their ethical standards or professional reputations. And, in his experience, companies are very professional in their relationships with opinion leaders and advocates.

"There are only a few highly regarded experts in each therapeutic area, and competition for them is intense," Mr. Matheson says. "No company wants to compromise its ability to build and

maintain opinion-leader relationships by pressuring faculty members to make biased presentations or to make statements that are not supported by high-quality data.”

“Thought leaders participate on multiple advisory boards, so they see all the data,” Mr. Caso says. “They, more than anybody else, should have the ability to eliminate bias. And, indeed, they may try to moderate their comments, to guard against bias.”

All involved parties have to ensure honesty in all communications to guard against bias, Ms. Bryan says. Furthermore, everyone needs to be in agreement regarding the objectives for a program.

“The goals of an educational program are different from those of a promotional program,” Ms. Bryan says. “And when those goals become unclear that’s when problems start to occur.”

Mr. Wang says this is an internal challenge that pharmaceutical companies need to address, because constant requests from different quarters can frustrate and confuse thought leaders.

“Therefore, there needs to be internal management of thought-leader development among the many teams or groups or departments within a company,” he says.

The advocate piece of the puzzle

Industry experts believe that there is a distinct difference between thought leaders and advocates. However, some note that there is a grey area in which the two sometimes overlap.

“We believe there is a fundamental difference in that thought-leader development refers to key opinion leaders in a specialty with particular emphasis on developing insights and driving behavior in a top-down approach,” Dr. Hayes says. “Think of physicians in a triangle with the apex being key opinion leaders at top academic centers of excellence who are conducting cutting-edge research and developing molecules that will be the future blockbusters. The base of the triangle is comprised of the rank-and-file community-based practitioner who listens to and reacts to those key opinion leaders driving practice patterns. Advocacy development describes the process of information interchange from key opinion leaders to community-based practitioners, hence the top-down interchange.”

“Since the triangle contains a varying continuum of physicians, there is considerable overlap,” she says. “It is sometimes difficult to distinguish key opinion leaders from the next level of

Thought-Leaders Tied to Successful Global Launches

The most important steps identified by benchmark partners in Best Practices LLC’s report on *Driving Sales Through Thought Leader Relationships and Best Practices in Global Pharmaceutical Launches* are:

Build a strong support infrastructure to maximize thought-leader relationship efforts. Top pharmaceutical and biotech companies work to increase the amount of time the field-based employees spend with key physicians in a therapeutic area. For example, administrative tasks are reduced or eliminated.

3 Integrate thought-leader programs to shape clinical development and market acceptance. Assume an integrated approach to optimize thought-leader relationships and increase their effectiveness in promoting product success.

Constantly evaluate and improve thought-leader programs. Measure and manage thought-leader activities to help pin down a ROI. Track numbers of targeted thought leaders, experts involved in trials and programs, costs, and publications about a drug.

1 Focus thought-leader management efforts and tactics on all touch points. The most effective thought-leader programs for top pharmaceutical and biotechnology companies drive product performance by encouraging relationships that provide a cascade of influence and market-focused attention throughout the product’s or brand’s lifecycle.

Source: Best Practices LLC, Chapel Hill, N.C.

Michael Curry



THOUGHT LEADERS CAN BE VIEWED AS INFLUENTIAL ALCHEMISTS.

THE CHALLENGE FOR A PHARMACEUTICAL COMPANY IS HOW TO SUPPORT THOUGHT-LEADER INDEPENDENCE WHILE MAXIMIZING ITS BRANDS AND MANAGING THIS DELICATE RELATIONSHIP.



Charles Rockefeller

David Wang



COMPANIES ARE PURSUING THE TOP EXPERTS IN EACH THERAPEUTIC AREA AND EVERY COMPANY WANTS THEIR INVOLVEMENT WITH ITS PRODUCTS.

thought leaders who may not be academic-based but who still participate in important clinical research. This group often forms the basis of advisory boards for pharmaceutical and biotech companies when a product is close to, or already, on the market and has more interaction with community-based practitioners. This process of advocacy development occurs throughout the continuum but only is realized when the clinical insights and approaches of key opinion leaders are communicated directly to the community-based physician."

Mr. Minoff agrees with the assessment, stating that, "Thought leaders are at one end of a continuum, which moves through key opinion leaders to advocates to speakers."

Generally, the role of advocate is tied to more specific initiatives, while a thought leader provides the forum for discussion and change.

"The purpose of an advocate usually is to support a particular drug," Mr. Rockefeller says. "Although thought leaders and advocates do equally valid and valuable work, they speak to different strategic imperatives. The difference is profound, and much more than a semantic one. An advocate is someone who pleads or supports the cause of another. An advocate has a very real purpose, but generally one more associated with a particular drug. In our view, a thought-leader-led interaction provides the context in which disparate ideas can be discussed and intelligent opinions can be formed, while the advocate-led program is often a more linear approach to a more narrowly defined — but fully desired — outcome. Both are valuable and valid initiatives, but each speaks to a very different strategic imperative. I don't think that true thought leaders would enjoy being called advocates. The development of each is a relationship-driven process."

In general, a thought leader is in a position of knowledge and authority to provide information, but is less concerned about how an audience responds to the information.

"A thought leader's principal motivations are doing research and interpreting information," Ms. Ralston says. "An advocate is probably more interested in his or her peers adopting a treatment guideline or option, or a product. Advocates embrace a particular scientific concept or disease-management paradigm, or the use of a particular class or, ultimately, a particular brand of drug."

For most, the use of an advocate perpetuates the position of the sponsor.

Opinions based on good science

"The legitimate use of advocacy is when a physician who understands the language and concerns of the practicing community is used to frankly and openly articulate the position of the sponsor," Ms. Blasso says. "That same individual also represents a link or channel back to the company. Sometimes an advocate may pose as a thought leader, addressing global issues and cloaking his or her biased support of a product, but this is not the proper role of advocacy."

According to Ms. Bryan, thought leaders who develop into product advocates want impeccable science and corporate integrity surrounding the clinical benefit of the drug, combined with ethically and responsibly delivered education and scientific information.

Real brand advocacy also requires experience with a particular compound, best gained through both an advisory role leading up to execution of the clinical-development program, and then involvement in the trials as a principal investigator or at a lead investigation site.

"Clearly, the higher the level of involvement and experience with a brand, the more likely the person will evolve into a true brand champion," Mr. Minoff says.

The goal of the advocate is to try to convince a colleague to accept a clinical concept or data.

"Advocacy is about changing beliefs and behavior," Mr. Matheson says. "However, in order to be an advocate, a physician must be a respected thought leader or opinion leader. An advocate usually has experience with the new drug, procedure, or management approach such that he/she can speak from personal experience. In that regard, the early advocates are often investigators on early studies. But advocates also can be used to manage competitor criticism of trial design and implementation, data analysis, and presentation, and of course to support product positioning. Thought leaders who independently support a product publicly are true advocates."

The Pharmaceutical Research and Manufacturers of America's new marketing code of ethics governing the industry's relationships with physicians and other healthcare providers is sure to play a part in thought-leader programs and advocacy initiatives.

"I think the ultimate net of these guidelines is two-fold," Ms. Ralston says. "The reference to personal compensation for services provided to a physician from a company will resonate well within the community. So companies will be a bit more specific in matching up the rationale for using a particular individual and reimbursing that person for services rendered and matching what he or she commands within any given community. The other net of the guidelines will like-

Marcia Bryan



AN AUDIENCE EXPECTING AN EDUCATIONAL OFFERING WANTS TO RECEIVE NEW, UNBIASED CLINICAL INFORMATION.

ly be that there will be fewer consultants or thought leaders or advocates engaged in certain activities in pre-launch and launch support.”

The goal of the pharmaceutical company is to engage thought leaders in clinical trials, publications, speaking events, and other venues, in hopes of leading them to product advocacy. Companies, however, need to weigh the benefits of using a thought leader or advocate in a given situation.

“By turning to a ‘disinterested’ thought leader, the company accepts the risk that a respected expert may convey a mixed picture about a product’s value,” Ms. Blasso says. “But the company is rewarded by the increased credibility of that testimony. If a company wants to represent its case in the most unambiguous way, use of an acknowledged advocate may make sense, and it is a legitimate form of corporate communication — so long as full disclosure of industry support is provided per FDA and AMA guidelines.” ♦

PharmaVoice welcomes comments about this article. E-mail us at feedback@pharmalinx.com.

Experts on this topic

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