

Welcome!

Lessons in Medical Affairs Excellence and Thoughts for the Future

Presenters



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Note: Both Mary Pinder-Schenck and Shirin Ahmed are speaking in a personal capacity and not on behalf of Daiichi-Sankyo or AstraZeneca



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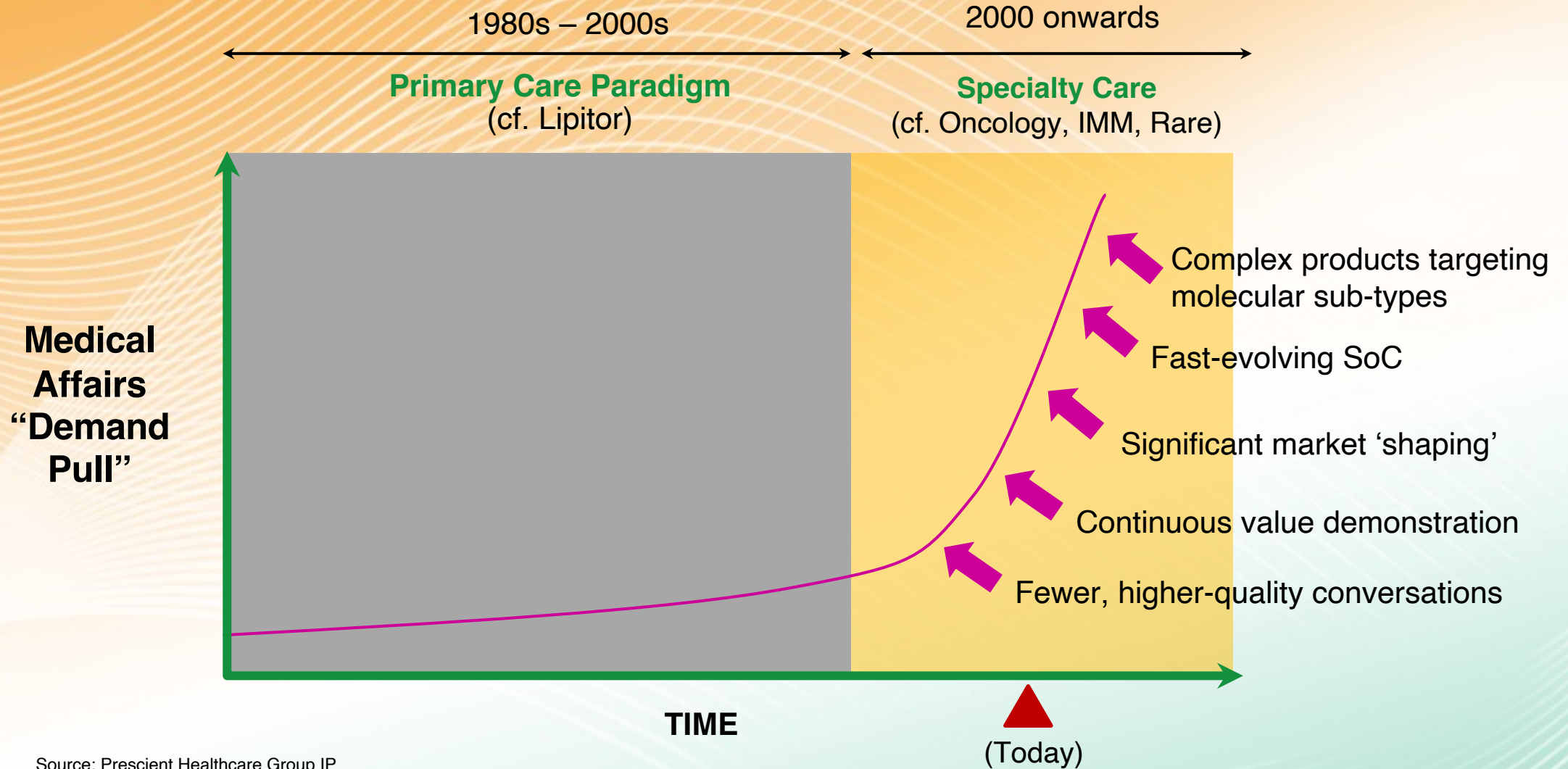
- The following faculty and planning members do disclose financial relationships:
 - **Dr Mary Pinder-Schenck**
 - **Shirin Ahmed**
 - **Debasish Talukdar**
 - **Luke Solon**

Educational Objectives

This session will provide a learning opportunity for our audience by:

- **How has Medical Affairs evolved over the last decade** – what is different, what is better, what is new?
- Where does Medical Affairs **add the greatest value to delivering on an organization's mission?**
 - Specifically, we would like to explore the role of **Medical Affairs in Launch**
- Where can Medical Affairs **play a bigger role in the future?** What implications are there for Medical Affairs **talent, tech and ways of working?**
- **What is holding Medical Affairs back** – and what can further unleash its potential?
- What are the **personal** reflections on what **drives professional success** for anybody interested in a career in Medical Affairs?

How has Medical Affairs evolved over the last decade?



Source: Prescient Healthcare Group IP

Question for the audience

- In a word (or two) where do you feel Medical Affairs adds the most value today?

**Activity
Driven**

**Results
Oriented**

“Basic” – Support & Serve

- Product strategy decisions
- BD&L support
- Payer discussions
- Regulatory filing
- Trial recruitment
- Medical communications, med info, etc.

“Better”

- Global medical product strategy
- Medical launch outcomes
- Clinical development beyond PoC and ESR
- Regulatory and payer submissions, post-marketing studies/real-world evidence

“Best” – Partner & Lead

- Physician experience
- Unmet need assessment
- Patient journey and experience
- **Pre-launch / Launch outcomes**
- Patient engagement, PROs
- Above asset medical strategy
- Population health

Source: Prescient Healthcare Group IP

Where can Medical Affairs play a pivotal role in the future?

Population Health?

Strategic Partnerships?

Access Outcomes?

Real-world Evidence?

Innovation Agenda?

Leadership agenda?

Question for the audience

Where do you feel Medical Affairs can play a pivotal role in the future?
(please pick your number 1 area!)

1. Population Health management
2. Strategic Partnerships (Other pharma/biotech, tech companies etc)
3. Access outcomes
4. Real-World Evidence
5. Innovation agenda
6. Leadership agenda
7. Other (please specify in Q&A!)

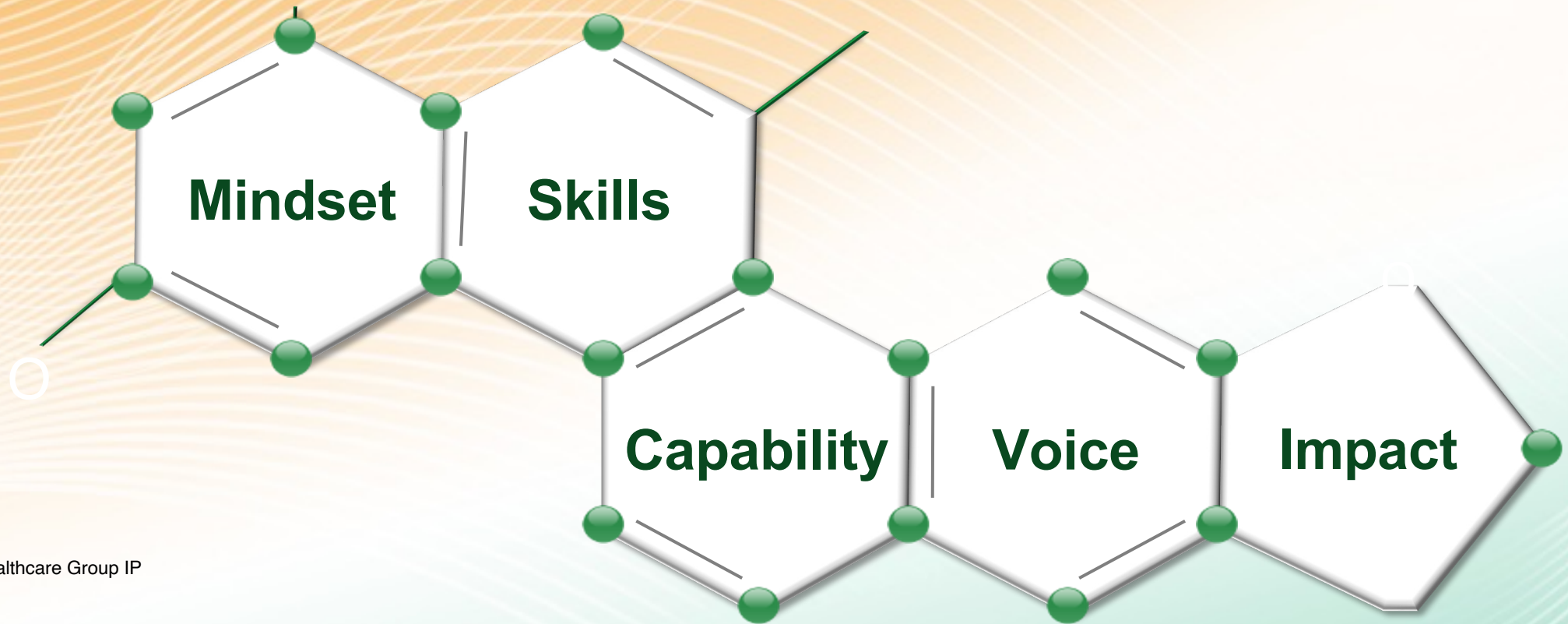
Should medical affairs proactively cultivate the ‘General Manager’ mindset and capability within the organization – not always universally but in the right mix!

**How do you grow
the *next generation*
of medical leaders?**

- *Get talent exposed early* – to internal forums on strategy formulation and reviews, the big picture and trade-offs
- *Provide role-appropriate training* – seeding the ‘General Manager’ mindset early (e.g., 101 for entry level), and ensuring timely build for middle/senior
- *Maintain a nose for top talent* – through identifying and developing star performers with tough assignments, job rotation, etc.
- *Select talent for mission-critical activities* – ensuring match between best talent ↔ mission-critical roles / capabilities
- *Organize around people* – in early stages when talent is scarce

What is holding Medical Affairs back – and what can further unleash its potential?

5 things that matter...



Source: Prescient Healthcare Group IP

Question for the audience

- In a word (or two) what do you feel is holding medical affairs back?

Highlights (or greatest learnings...) from your careers in Medical Affairs, and any advice for aspiring leaders!



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Any questions from the audience?