

Leveraging AI for Insights

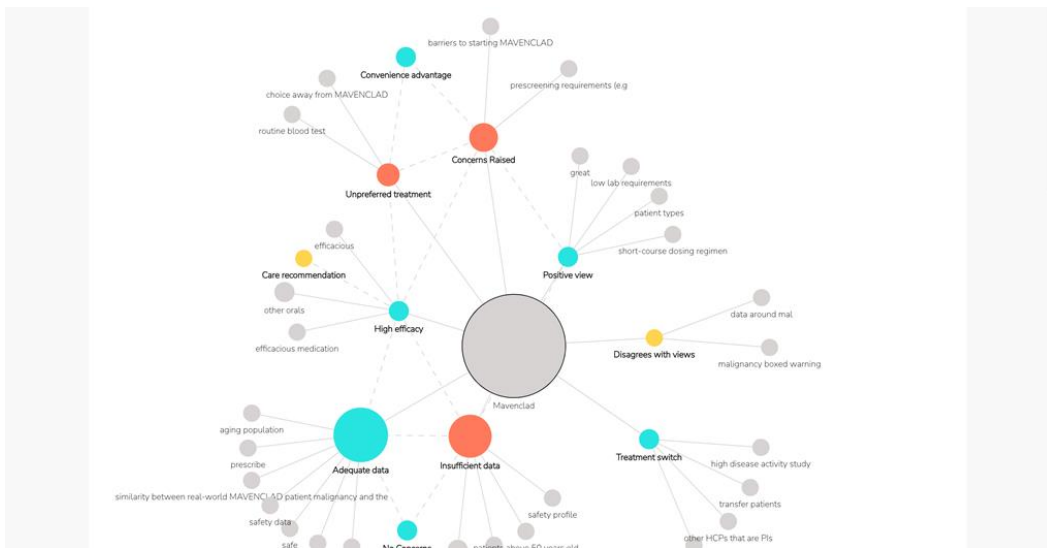
In a rapidly evolving world where life science companies grapple with a deluge of field insights, the traditional approaches employed by Medical Affairs teams can be outdated. Manual, fragmented, and inefficient, these methods often leave crucial insights untapped. Recently we began collaborating with DocOne, a startup that has created an Insights application. This tool is designed to empower Medical Affairs teams through large generative language models.

As MSLs enter notes from scientific conferences, conversations with Key Opinion Leaders (KOLs) and Healthcare Professionals (HCPs), or comments from various social media channels, language models dissect the notes, extracting nuanced meanings, categorizing sentences into main points, and pinpointing vital topics, such as drugs and clinical studies. Meeting notes and associated insights are stored in a database.

The screenshot displays a list of meeting notes with highlighted key terms and main points. The notes are as follows:

- According to this KTL, due to the heterogenous presentation of patients, she doesn't believe that there will be a definitive **age** to **stop prescribing** **DMTs**.
Main point: Offers insights into the disease, clinical practice, treatment or a study
- She agrees with a **less aggressive approach** as **patients get older** but that would depend on **clinical presentation**.
Main point: Offers recommendation on treatment or clinical care
- We discussed **Negroski's cohort** of patients >50 y/o, and she felt this data was impactful in terms of **efficacy** and **safety** for an **older MS patient population**.
Main point: Data supporting the use of the treatment (drug or procedure) is adequate
- This KTL is also interested in **year 3,4 and 5** **data**.
Main point: Asks for data, or needs more data, data is not sufficient to support the treatment
- I asked if there was a difference between **European** and **US** **data** since some **KTLs** would prefer data from a **US population**.
Main point: Asks for data, or needs more data, data is not sufficient to support the treatment
- This KTL believes the **patient population** are similar and would be happy to receive **data** from a **European cohort**.

This database offers diverse search options - by main points, topics, therapeutic areas, products, territories, stakeholders, urgency, status, and follow-up teams. When a user enters a topic of interest (e.g., drug, presentation, clinical trial, adverse event etc.), the search will quickly return the most relevant meeting notes and associated insights. A graphical representations of the topic of interest reveals sentiments and main points attached to the topic, and users can use the graph to efficiently hone in on specific meeting notes (e.g., those associated with negative sentiment or a particular main point).



Going beyond a traditional search through meeting notes by main point, sentiment or topic, ChatDocOne-Insights (CDO-Insights) use generative language models to transform the search and exploration into a natural conversation in a chat format. It can summarize meeting notes, reveal key topics, viewpoints and sentiments, and generate actionable recommendations, akin to conversing with a knowledgeable companion.

Main point malignancy x malignancy risk x malignancy data x Enter topic Q

Advanced Search

< 1 2 >

A neurologist, who is a director of a MS program and infusion center at a regional clinic, doesn't...

Date: 20/03/2023 Territory: CA Name: Jason Clarke ➤

A general neurologist at a regional clinic who has been seeing MS patients more than 20 years was...

Date: 04/02/2023 Territory: MA Name: Freya Turner ➤

General neurologist who predominately sees patients from rural settings reports offering cladribine...

Date: 20/03/2023 Territory: NY Name: Jacob Lewis ➤

A neurologist, who is a director of a MS program and infusion center at a regional clinic, doesn't...

Date: 20/03/2023 Territory: CA Name: Jason Clarke ➤

A general neurologist at a regional clinic who has been seeing MS patients more than 20 years was...

Get Insights Viewpoints

1. HCPs are concerned about the malignancy risk associated with Mavenclad and seek more information on this topic.
2. Experienced neurologists are particularly cautious about drugs with malignancy risks due to past experiences.
3. Patients often decline cladribine treatment due to the boxed warning for malignancy, despite evidence suggesting its safety.
4. HCPs believe that a video from renowned MS experts would help convince patients of the safety and efficacy of cladribine.
5. HCPs appreciate receiving malignancy data and infographics to better understand and share information with colleagues.
6. Older neurologists are more cautious about drugs with malignancy risks compared to newer neurologists.
7. HCPs are interested in additional information about Mavenclad, including dosing, ...

Cited terms
Topics
Viewpoints
Actions
Sentiments

Write your message here ➤

In essence, the Insights application becomes an indispensable ally, offering Medical Affairs teams and organizations deeper stakeholder understanding, access to insights throughout the year, and a seamless translation of insights into actionable strategies.

For more information visit amedeapharma.com.