Medical Affairs: independent insights from KOLs attending Advisory Boards organized by different pharma companies

Results from MphaR's Key Opinion Leader Survey on Advisory Boards

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Introduction

Advantages of using virtual advisory board (VAB) platforms include company savings on flights and hotels fares and having fast access to experts. Moreover, because of the simplicity of arranging online meetings within virtual platforms, the chances for start-ups to interact with key opinion leaders (KOLs) increase significantly. However, the crucial benefit, associated with using virtual connectivity, is allowing the physician to spend more time with patients. Pharmaceutical companies should advocate solutions that benefit the patient at a time when the industry is taking on more social responsibility.

Currently, more than 90% of all advisory boards still have a face-to-face format. VAB platforms that have now been in use for several years remain a second or even third-line alternative to traditional meetings which require KOLs to travel.

The main objective of our survey was to receive independent insights from KOLs who attend advisory board meetings organized by different pharma companies. An analysis of responses to our questionnaire allowed to take a closer look at the disadvantages of face-to-face advisory boards an also to learn about KOLs preferences related to the meeting format.

Who took part in our survey?

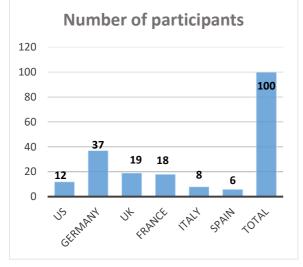
We surveyed 100 KOLs who attend pharmaceutical Advisory Boards. Most experts were from Western European countries, but a number of US physicians also completed our questionnaire (Figure 1a).

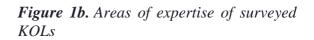
An overwhelming majority of participants (97%) has attended at least one advisory board meeting in the past three years.

Leading physicians, representing the clinical fields of oncology, cardiology, and neurology, were asked to participate. The majority of respondents were oncology experts (Figure 1b).

We approached each clinician individually and asked to fill out an anonymized form containing nine questions. We made sure surveys were not completed during advisory board meetings or directly afterwards, to avoid receiving biased responses.

Figure 1a. Number of participants in relation to the country of residence



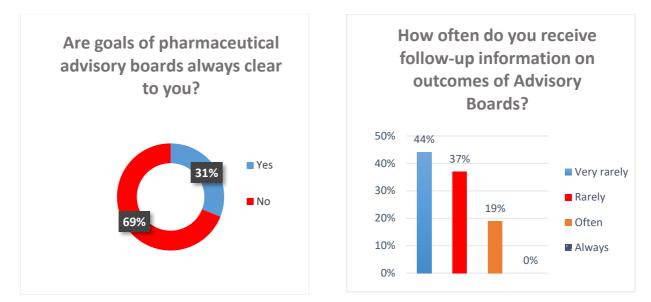




Unclear goals and lack of follow-up

A surprising finding from our survey was that top clinicians are confused about the purpose of pharma events they attend (Figure 2a). Not only are they puzzled when they try to understand meeting goals, but also rarely provided with feedback by companies. Barely 19% of KOLs that took part in our survey received follow up information after returning from advisory boards (Figure 2b). That means that four out of five clinicians who participated in such events rarely (or very rarely) found out if their input had made any difference to a company they advised.

Figure 2a. Percentage o surveyed KOLs who are confused about the goals of pharmaceutical advisory boards



Patients at risk

It is not uncommon for invited experts to run busy outpatient clinics or act as heads of hospital departments. Therefore, for every advisory board that takes place, hundreds of patients may be left without a physician that is best familiar with their current clinical state. Such a scenario can prove to be dangerous in oncology wards, where patients are most vulnerable.

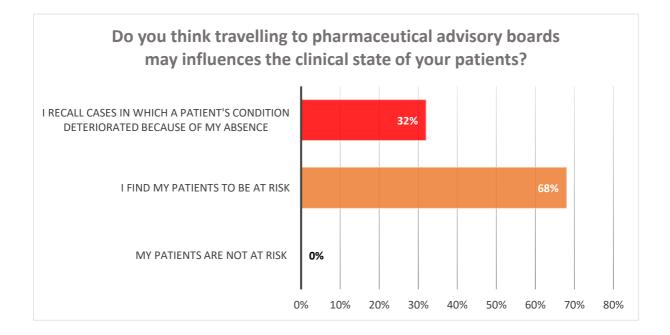
The results of our survey indicate that inviting KOLs to face-to-face advisory boards may negatively affect their patients. One-third of physicians who completed our questionnaire recalls a case where a patient's clinical condition deteriorated because of an absence from the hospital caused by a pharma event. Furthermore, 68% of surveyed physicians believe that their patients are at risk while they travel to attend advisory boards (Figure 3).

Virtual connectivity

Part of our questionnaire focused on VABs. We asked KOLs if they would prefer joining an online meeting instead of attending a traditional advisory board. We received a unanimous response: all leading experts who completed our questionnaire have agreed that they would prefer connecting with companies with the use of digital technology. Moreover, 97% of them responded that interacting through a virtual platform, would not influence the quality of the interaction.

Figure 2b. Percentage of surveyed KOLs who fail to receive feedback following pharmaceutical advisory boards

Figure 3. How KOLs perceive the risk of negatively affecting the patient's clinical condition by attending pharmaceutical advisory boards



Conclusion

Our survey results show that KOLs are seldom satisfied with taking part in traditionally-held pharmaceutical advisory boards. Advisers receive little or no information from companies about the impact their advice has on meeting outcomes. Interestingly, they are also often confused about the goals of pharma events to which they are invited.

A concerning finding was that all KOLs who completed our questionnaire found their patients to be at risk while attending pharmaceutical advisory boards.

KOLs we surveyed prefer interacting with companies through virtual platforms. Moreover, our respondents were confident that communicating online does not hurt the quality of thought exchange.

At a time when pharmaceutical companies take on more social responsibility, making use of digital solutions allows creating a safer environment for patients. Therefore, in our view, modern technology, which allows for smarter communication, deserves more recognition among Medical Affairs professionals.

The focus of individuals involved in Medical Affairs should be on allowing KOLs to provide advice to pharmaceutical companies without disrupting clinical workflow. Existing online communication platforms make this vital task more easily manageable. A big step must be taken by decisive members of our community to implement a new way of communication that benefits the patient.