



# **Empower oncologists. Revolutionize biopharma.**

**Accenture** Life Sciences  
**New Science.**  
**Transformative patient outcomes.**



# The biopharma opportunity: differentiate yourself

With rapid innovation in oncology, current healthcare ecosystems and processes are under pressure.

Ground-breaking treatments are great, but if access is constrained by complexity, the treatments won't create the experiences and outcomes oncologists and patients require. The healthcare ecosystem must be upgraded to support oncologists in their ability to integrate innovative treatment approaches into daily clinical routines.

An upsurge in scientific advances increase complexity exponentially, with innovative therapies hitting the market at unprecedented speed.



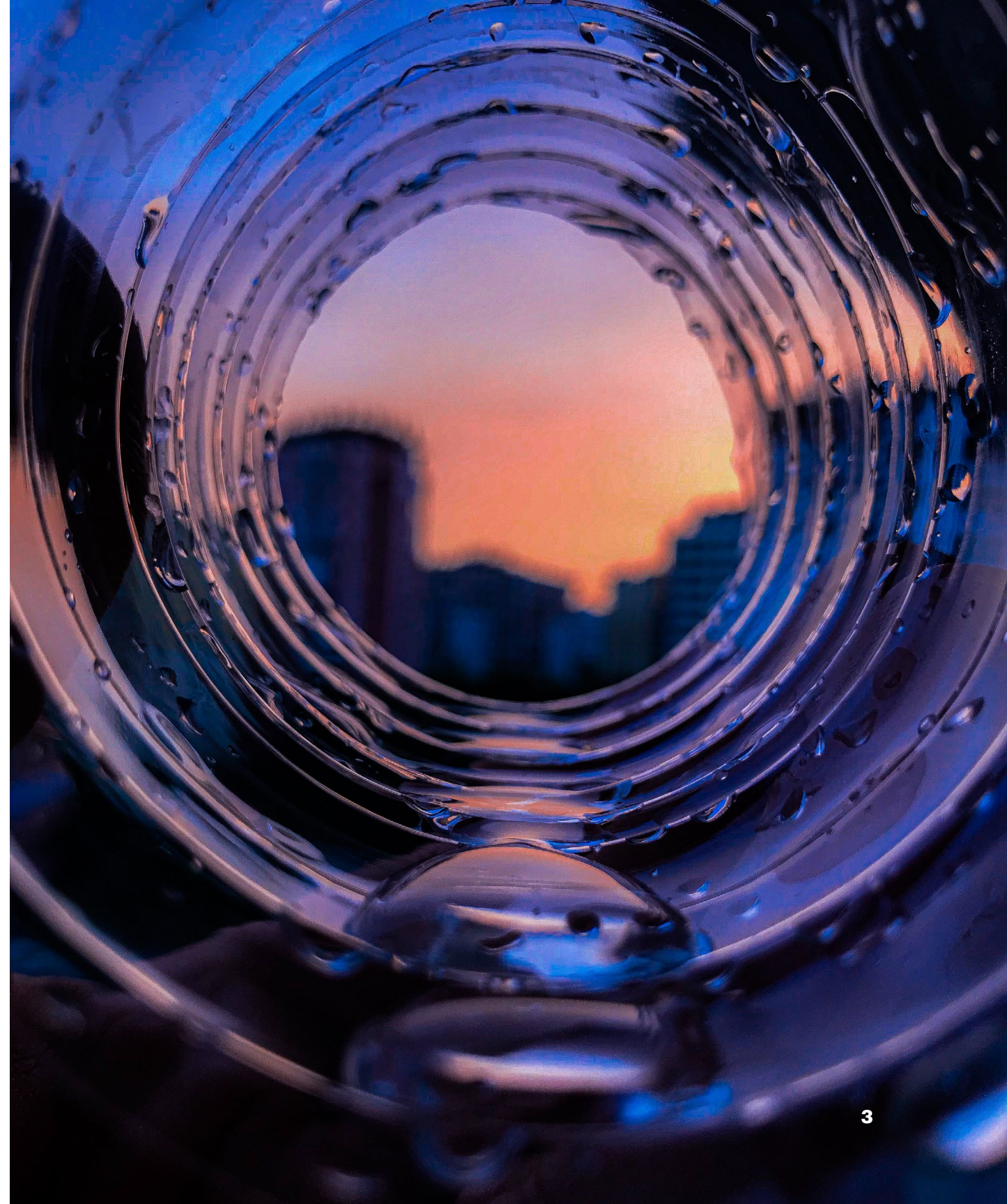
In fact, between 2000 and 2020 more than 160 new active substances were launched in oncology globally, with as many as 64 within the last five years.<sup>1</sup>



There's more to come, with oncology trials reaching record levels in 2020, up 60% from 2015<sup>2</sup>, the number of therapy targets and modalities growing rapidly and innovations like precision oncology further personalizing treatments. [Recent Accenture research](#) identified: more than 80 percent of oncologists believe that precision oncology will be an important part of the clinical environment going forward. "[New Science](#)"<sup>3</sup> is more important than ever. It is [projected to drive ~90% of revenue growth](#) in oncology from 2021-2026. If we take a simplified approach to quantify the inherent complexity that we expect over the next 5 years, we believe that this will increase by a factor of 45.<sup>4</sup>

Rapid *technological innovation* is adding to the complexity. Multiple treatments rely on novel technology for prescription and/or require novel technology to be delivered to a patient. Things like NGS (next generation sequencing) and CAR-T (chimeric antigen receptor T cell) are creating transformational therapeutic opportunities, but it's also challenging to integrate them into routine clinical practice.

The convergence of science and technology is making treatment decisions more complicated, creating an urgent need among oncologists for decision support to help them select the best treatment for a given patient.





## Biopharma's golden opportunity


In this rapidly changing landscape, biopharma companies can differentiate themselves from competitors by addressing the individual needs of oncologists in new, tailored ways that improve patient outcomes. The context makes a compelling case for rethinking the services offered to oncologists and the capabilities required to do so successfully. Service design is the key—creating an oncologist support experience that is relevant and positively influences every oncologist's workday.

So, what does a future-ready engagement model in oncology look like for biopharma companies? Accenture's survey of 120 oncologists across the US and Germany, with an even split between oncologists in academic medical centers (AMC) and community practice (CP), identified the support they really need and the services that would free them to focus more on patients.



# Understand oncologists' specific needs

What would make an oncologist's day easier?



A differentiated engagement is all about understanding the needs of oncologists to better support them. The good news is that doing so offers a significant value to biopharma.

Our findings indicate significant differences between the needs of AMC and CP oncologists (See figure 1).

**Oncologists working at AMCs require precision oncology support.**

Academic centers have the specialized resources needed to advance precision oncology and apply new treatments in fields like genomics.

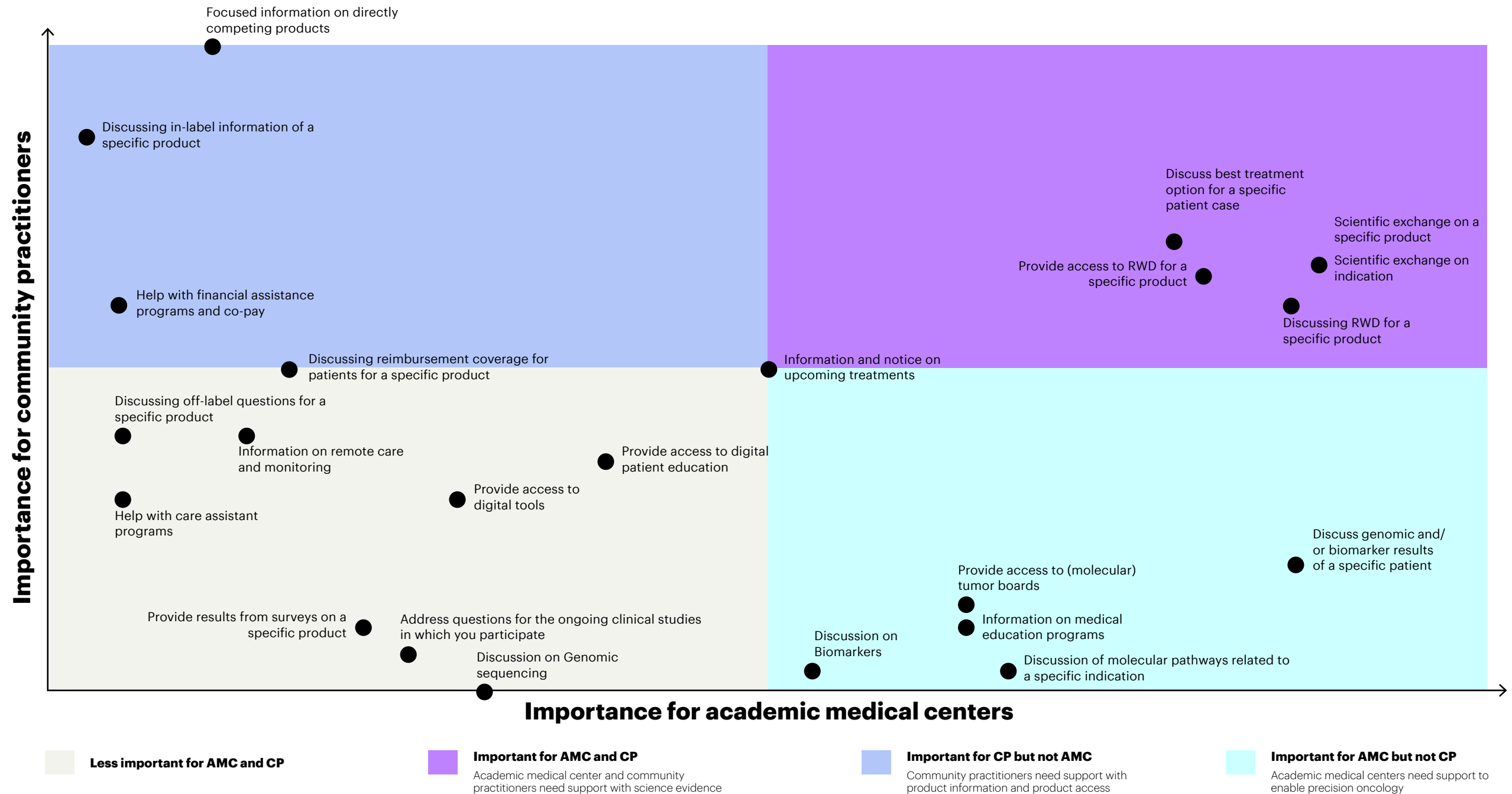
The services they are interested in are very much around the enablers of precision oncology. As such they need access to genomic, biomarker and molecular pathway discussions as well as (molecular) tumor boards to help them put things into clinical context.

**Community practitioners need support focused on product information and product access.**

They provide a broader range of treatments across many tumor types and their needs include informative discussions on competing products, and financial assistance like reimbursement coverage for patients with a specific product.

While the differences are important, our research also revealed some commonality. **The services demanded by both AMC and CP oncologists are focused on scientific evidence.** These services include discussions on the best treatment for a specific patient, scientific exchange on products and indications, and real-world data access and discussion.

**Figure 1: Differing needs of oncologists in academic medical centers versus those in community practices**



## Who should deliver the support?

According to the oncologists we interviewed, most services require a general medical background. However, there are a handful of advanced services that require experienced oncologists or specialists.



### Medical background is sufficient

Most services can be provided by industry representatives with a medical background—an understanding of oncology would be ideal but is not necessary for this category.



### Experienced oncologist desired

For some advanced services, peer-to-peer discussions are increasingly requested: specifically, when discussing the best treatment option for a specific patient or seeking information on upcoming treatments, physicians want to interact with experienced oncologists (peer or expert level).



### Additional specialization required

For some services, specialist input is required—this includes discussions on genomic sequencing, biomarkers, the genomic and/or biomarker results of a specific patient and molecular pathways related to a specific indication. The services that need specialist input were predominantly rated very important by AMC-employed respondents, in particular. Physicians want in this category support from experts like geneticists or molecular biologists. At the same time, experience in oncology remains valuable for contextual insight.





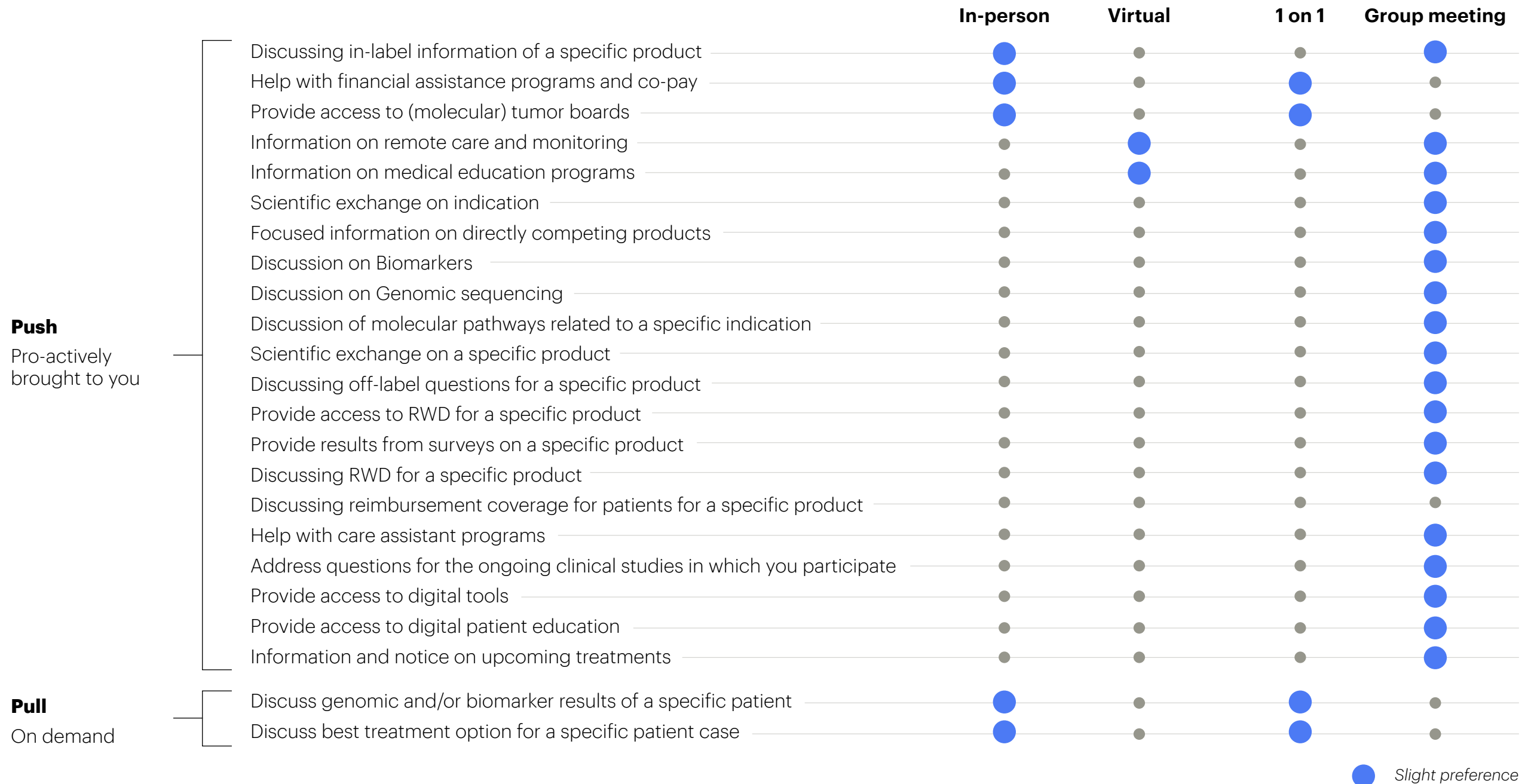
## Define how the services should be delivered

Our research indicates that a hybrid of in-person and virtual delivery is preferred (see figure 2). Although COVID-19 has accelerated virtual care delivery, oncologists believe that face-to-face meetings will remain important, according to our study. Notably, there is a preference for in-person interaction when, for example, a discussion centers on the best treatment option for a specific patient, or genomic/biomarker results for a specific patient.

Interestingly, physicians prefer group meetings for most services, and want those meetings actively brought (pushed) to them. The only exceptions are services where an individual or specific patient case is being discussed. In this case, physicians prefer one-on-one services and on-demand delivery.



**Figure 2: Oncologist preferences with respect to service delivery**

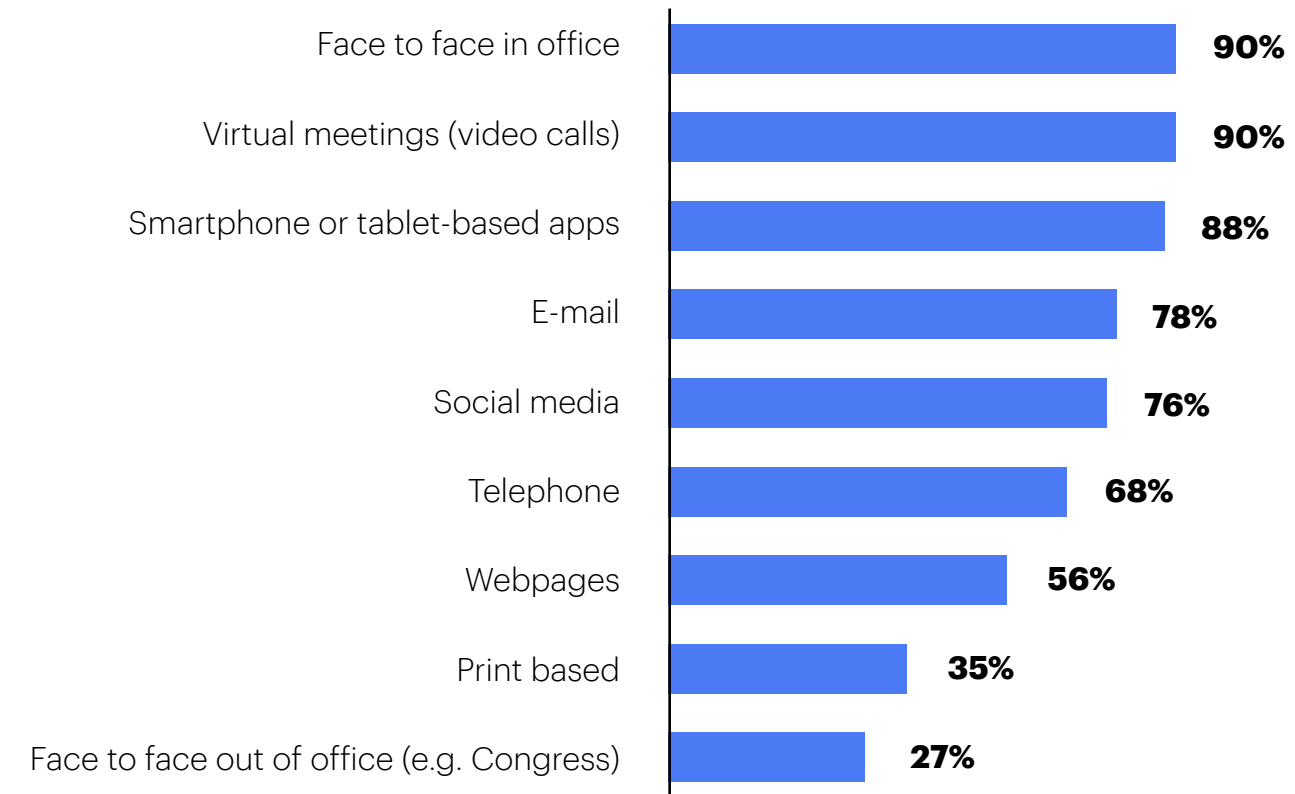




## Identify convenient physician information access channels

It is noteworthy that nine out of ten oncologists say that personal meetings, whether in-person or virtual, remain a key channel for the future. Human interaction is clearly important. At the same time, new channels such as smart-phone apps and social media equal or are preferred over traditional communication channels like meetings and e-mail. The role of traditional information sharing formats is clearly changing. Print and face-to-face medical congresses received low scores as preferred sources of new information (See figure 3).

**Figure 3: Preferred interaction channels for oncologists**





## Focus on real world data

Access to real world data (RWD), combined with expert discussion, is increasingly important. The oncologists we polled see this as “very critical”. In fact, RWD is seen as a top five priority service, trumped only by services such as “discussion of personalized treatment plans” and “scientific exchange”. RWD is likely to be a key driver for future treatment decisions, building on clinical grade data linked to health outcomes.

More than half (51 percent) of oncologists in our study say they “will need a lot more” discussion of RWD in the future (See figure 4), and some 43 percent believe that RWD and clinical trial data (CTD) will be equally important sources of clinical decision support data going forward. At the same time AMC and CP oncologists see this slightly differently. AMC oncologists gravitate more strongly towards RWD whereas CP oncologists tend to rely more on “traditional” CTD as the foundation for treatment decisions.

Nevertheless, both groups of oncologists expect biopharma representatives to be able to discuss RWD with them, with 65 percent saying that “pharma representatives should be able to discuss RDW findings and thoughts” on specific patient cohorts or specific patient cases, for example.

## Figure 4: The role of RWD in service delivery to oncologists

### RWD is being seen as a top 5 priority service

51% of oncologists say they “will need more discussion” on RWD in the future



65% of oncologists want pharma representatives to be able to discuss RWD with them



### The % of oncologists believing that real world data and clinical trial data will be equally important to inform treatment decisions in the next 10 years



57%

Academic  
medical centers



28%

Community  
practitioners



43%

Overall

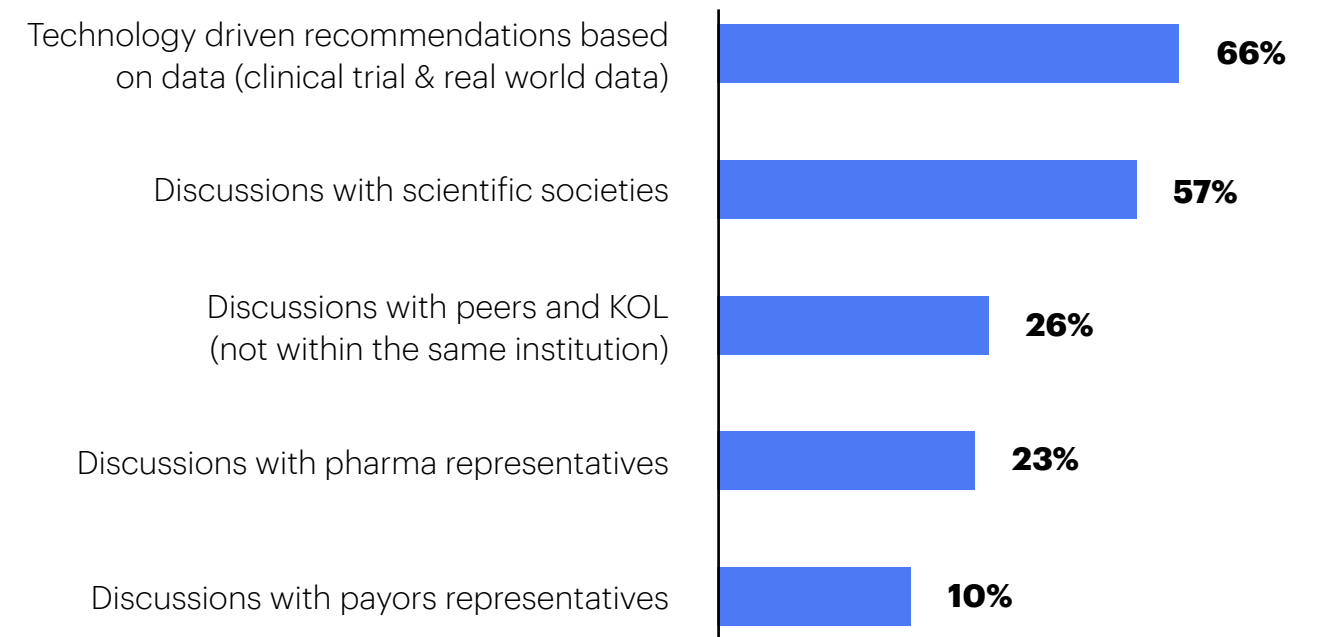


## Understand technology's new role in clinical decisions

Tech-driven treatment decisions are clearly becoming more important. Among oncologists we surveyed, 66 percent say technology-driven treatment recommendations based on CTD and RWD are expected to become the dominant force shaping treatment decisions in the next 10 years. In fact, technology is even ranking higher than interactions with scientific societies (57 percent).

Technology is the key force shaping treatment decisions going forward while discussions with biopharma representatives are expected to become less important.

**Figure 5: Factors that will shape treatment decisions going forward**





## Figure 6: Shift to patient-specific discussions, away from products

**91%** of oncologists say individual patient case discussion will influence treatment decisions in the future



**43%** of oncologists say product level discussions will influence treatment decisions in the future



## Patient-specific discussion is becoming more important

In a patient-centric world, the “best treatment option for a specific patient” needs to take a personalized patient view rather than a product-centric view. In fact, according to our survey, this particular discussion received the highest score in the area of: “need a lot more going forward”. Importantly, 91 percent of oncologists emphasize that individual patient case discussion will influence treatment decisions in the future, and just 43 percent emphasize product-level discussion as part of that picture (See figure 6).

# What the research means for biopharma

## What services should biopharma companies deliver to oncologists?

The services we believe are critical to the future of oncology can be grouped into four different imperatives for biopharma: **enabling patient-specific discussions, building real-world data capabilities, expanding precision oncology support, and getting the basics right.**

**01 Patient-specific discussions** is critical for all oncologists, whether based in a medical center or in a community practice. There is a shift from the need to discuss products to the need to discuss individual patients' cases, given the increasing complexity of the treatment landscape and personalization of therapeutic approaches. Even when products are discussed, the conversation will need to expand to cover all available products—not just one company's—and include specialized topics like biomarkers, genomics and treatment pathways.

For more detailed discussions involving personal patient details, a “bystander” solution might help to overcome resistance from some oncologists to discuss them with biopharma representatives. This could be done by building new service platforms like curated peer-to-peer expert networks. Whatever form it takes, the solution must account for physicians' preference for on-demand services while ensuring transparency and integrity.



For biopharma to be able to do this, a stronger focus on medical capabilities will be vital.



## What the research means for biopharma

**02 Real world data** is already critical to both AMC and CP oncologists, but likely even more so in the future. It is emerging as a key factor in treatment decisions by providing relevant, patient-specific insights. Oncologists expect biopharma companies and their field forces to provide access to RWD, and be equipped to discuss its relevance with them.


Biopharma companies interested in living up to these expectations will have to train both their field forces and non-customer facing employees with deep RWD expertise. In addition to building these skills, biopharma companies should think about how to empower physicians to work with RWD independently. This could be happen by providing access to user-friendly RWD platforms.

**03 Expanded precision-oncology-specific support** is vital. While precision oncology (PO) is routinely applied by AMC oncologists, we believe it is pivotal to enable CPs to apply it in their daily work too. This will require a combination of education and new services to [ensure that every oncologist is properly equipped to use PO](#).

When it comes to enabling CPs, a lot of groundwork needs to be done. In addition to the fundamentals like “how to practice PO”, they need access to an expert network and simple, safe on-the-job guidance to gain the confidence required to apply PO.

Even AMC oncologists who already embrace PO have a strong need for peer-to-peer discussion and expert exchange on related topics like molecular pathways. Biopharma companies have a great opportunity to offer broader services such as access to expert networks and peer-to-peer or peer-to-expert exchanges.

**04 Getting the basics right**, is mostly applicable to CPs. It means continuing things which have been successful in the past, such as discussing specific products or supporting patient access to new medicines (through help with financial assistance programs, for example).



As we have established, there is a striking difference between the needs of AMC and CP oncologists.

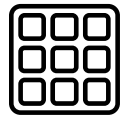
Biopharma companies must therefore build or acquire targeted skillsets to meet the expectations of both segments. AMCs require highly specialized teams, while CPs value more generalist field teams that can act as a gateway to specialists if needed.

## What the research means for biopharma

### What methods do oncologists prefer?

Despite the step-change in the number and scope of virtual engagements with oncologists during the COVID-19 pandemic, in person meetings are here to stay according to our survey. Most services are expected to be delivered in a balanced mix of both, face-to-face and virtual settings, and the ability to create effective hybrid services will characterize tomorrow's biopharma oncology leaders. There is no one size fits all, and biopharma's general migration towards more digital ways of working creates an opportunity to differentiate for those who create valuable face-to-face interaction.

Alternative channels and services such as apps, social media, and web channels will provide a more holistic interface between biopharma companies and oncologists when added to the engagement approach:



**Apps** are as important as meetings. Getting them right means ensuring they deliver a holistic, personalized and product-independent service, as oncologists will not use dozens of apps. Apps should also transition from being simple information directories to critical tools in the patient treatment decision. (see our recent article on [clinical decisions support tools for oncology](#)).



**Social media and e-mail** remain important interfaces to oncologists, though both have significant room for improvement. A key success factor in this regard is the concept of reciprocity: biopharma companies are expected to contribute to the ecosystem while ensuring that their content is legitimate, transparent, and adequately impartial. Email communication is moving away from one-size-fits-all commercial content to more targeted, personalized messages.



**Websites, print communication and medical congresses** will be less important as information channels. Congresses won't become irrelevant but should be redesigned around objectives like networking or interactive peer-to-peer learning.



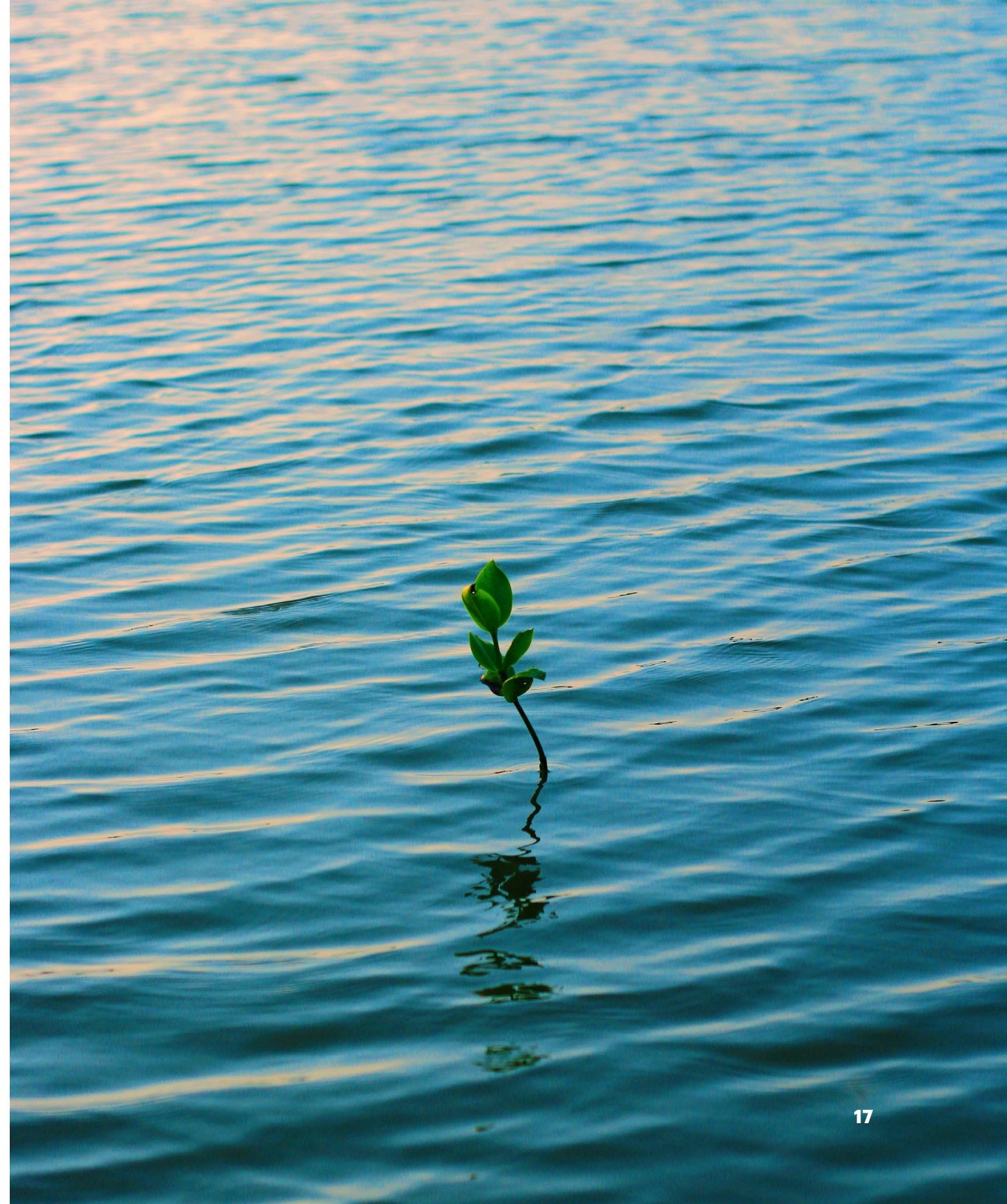
## What the research means for biopharma

### What role will technology play in shaping treatment decisions?

Our survey explored factors that will shape treatment decisions in the future. Data-driven technology is seen as the single most important driver, while discussions with biopharma representatives lag well behind.

We believe oncologists perceive data-driven decision support tools as being less biased than information delivered by biopharma. For biopharma this means that a key investment for the future will center around the role of technology in clinical decision support. Biopharma companies which act decisively could chart the course of the investment process by actively contributing to the introduction and growth of digital/data-led services, such as CDS tools. This development requires a smart approach to ensure that the solutions are completely unbiased and product independent.

In the future, we expect the success of products coming to the market will be driven by data much more than by promotional activities. Thus, it's important to take bold steps to ensure that data are properly leveraged to demonstrate the value of differentiated assets.





# Act now to be future ready

Innovation and excellence in interfacing with oncologists will differentiate leaders from followers, and ultimately enable differentiated outcomes for patients and healthcare ecosystems.

Here are three things biopharma companies should do to set themselves apart:



## **Co-create new peer network ecosystems:**

Facilitating integrated peer network ecosystems will allow oncologists to translate trustworthy data into meaningful clinical action for patients. Biopharma companies should play an active role in catalyzing relevant, seamless networks. Cross-functional therapeutic area/brand teams can leverage these ecosystems as critical of their omni-channel customer engagement strategy.



## **Build an expert future-needs oriented**

**customer facing team:** Medical Affairs teams, for example, can broaden and deepen the value they deliver for precision oncology by adding experts proficient in interpreting RWD with respect to molecular biology, genomics and biomarkers and specialized oncologists, which can help oncologists navigate complex patient cases.



## **Leverage new technology to drive insights:**

Facilitate the development of foundational data and technology solutions which help manage the exponentially rising complexity e.g. via clinical decision support systems. Investment into technology can accelerate the adoption of personalized patient care and precision oncology which will ultimately help address knowledge gaps and expand precision oncology more broadly into the community practice space.



## References

<sup>1</sup> Accenture, THE FUTURE IS NOW: How to Drive Precision Oncology Adoption, <http://www.pharmanetwork.com/magazine/stories/Covid-19-did-not-stop-cancer-treatments-development.html>

<sup>2</sup> PharmaTimes, July 2021, Global trends in clinical research, [https://www.pharmatimes.com/magazine/2021/julyaugust\\_2021/global\\_trends\\_in\\_clinical\\_research](https://www.pharmatimes.com/magazine/2021/julyaugust_2021/global_trends_in_clinical_research)

<sup>3</sup> The dynamic combination of scientific novelty with technology convergence while addressing previously unmet needs

<sup>4</sup> The complexity refers to an estimated number of nodes in a decision tree an oncologist will need to manage in the future. We have calculated this number of nodes as a factor of “number of disease stages x treatment lines x actionable mutations x treatment regimens”, based on the following estimates:

	Estimated today	Estimated in 5 years	
Number of different disease stages	4	8	Assuming much more granular staging going forward
Number of different lines of treatments	3	5	Assuming oncology moving towards chronic disease
Number of actionable mutations and other specific denominations	3	20	Assuming many new actionable mutations to be discovered and treatments to become more personalized
Number of treatment regimens	2	4	Assuming increasing number of treatment regimens per drug driven by increasing use of combinations
Number of nodes in decision tree	72	3200	Complexity estimated to increase by 45x within the next 5 years

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## **About the 2021 Accenture Health and Life Sciences Oncologist Experience Survey**

Accenture research conducted a survey among 120 oncologists in the US (67%) and Germany (33%) to identify the support and services they need from biopharma companies to free up their time and allow them a greater focus on patients. The respondent group had different specializations and included equal groups of academic medical center and community practice oncologists. Fieldwork took place from April – May 2021 via telephone and online surveys.

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