CASE STUDY: CORE VISUAL AID TESTING WITH VIRTUAL REP

UNEARTHING INSIGHTS THAT WEREN'T POSSIBLE WITH TRADITIONAL TESTING

THE CHALLENGE

Product X is a fourth-to-market treatment for a rare disease. By all accounts, it was a great alternative. But despite having the facts on its side (a novel MOD & MOA, the first and only oral formulation), HCPs had doubts.

This case underscores how your credibility can quickly come into question with the wrong message.

Precision insights through benchmarking

We evaluated each key topic in Product X's white paper on a standardized set of meaningful metrics. Then we compared them against our normative database. The result? Most topics met or exceeded benchmarks, except for two: clinical endpoints and fatigue.

Data revealed that lower scores around fatigue were because of the complexity of its root cause - thus, not a trigger to switch treatments. But Product X's clinical endpoints were not resonating - especially with academic HCPs. This was both unexpected and concerning.

Among Academic HCPs	UNMET NEED	MOD + MOA	PATIENT PROFILES + TRIAL SUMMARIES	CLINICAL ENDPOINTS	TRANSFUSION AVOIDANCE	FATIGUE	DOSING	ADVERSE EVENTS/ SAFETY
BELIEVABILITY	113	104	108	90	104	81	99	99
CONVINCINGNESS	109	104	85	85	104	81	95	100
IMPORTANCE	98	98	98	77	94	94	94	102
CLARITY	116	102	111	106	120	111	116	106
DIFFERENTIATION	63	116	101	85	127	85	116	106

● ● ● = Above (>105) | on par with (95-105) | below benchmark (<95).
Data based on Top 2 Box %s indexed to respective benchmark from m+p HCP Specialists norms.

When "order" can make or break your message

Product X's clinical endpoints in both Treatment (Tx) naïve and Tx experienced patients were a unique element to its story. The marketing team hypothesized that they should start with more groundbreaking data in Tx experienced patients. But the results proved otherwise.

A split sample detail design was used to detect the impact of order on message resonance.

Clinical Endpoints	SAW EXPERIENCED FIRST	SAW NAÏVE FIRST
BELIEVABILITY	🔴	🟢
CONVINCINGNESS	🔴	🟢
IMPORTANCE	🟢	🟢
CLARITY	🔴	🟢
DIFFERENTIATION	🔴	🟢

Synthesizing both "hot spot" results and open-ended responses, it was clear that HCPs were confused about the type of data they were looking at. This led them to question the low rate of improvement, which contradicted their own treatment experience. Consequently, they discounted the information - and the information that followed.
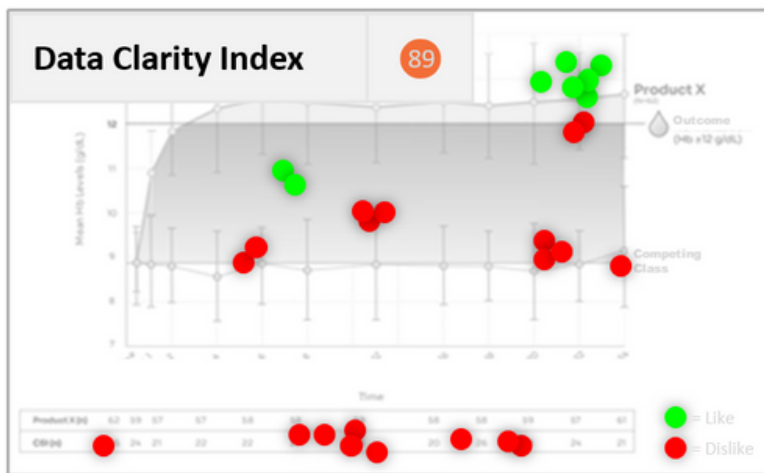
The Data Clarity metric was below norm AND Engagement was low based on "hot spot" results.

"I've had better results on [competitive treatments]. I don't believe that. My experience is much better."

By simply anchoring first to naïve data, clarity was boosted and confusion surrounding the data visualization was mitigated. Further, this order resulted in physicians stating their intended use of Product X for a higher proportion of their naïve patients. To help optimize the white paper even further, we provided additional copy and visual recommendations.

Intended Use of Product X in First-Line
(mean % of patients)

45% vs. 32%

Among HCPs who saw
Tx Naïve First

Among HCPs who saw
Tx Experienced First

maslansky+partners

DRIVE MORE PRESCRIPTIONS WITH YOUR CVA

MORE REALISTIC TESTING

We create video stimuli that simulates how a sales rep would present the sales aid in a real-world situation. As a result, we get better HCP engagement and responses.

MORE ACCURATE TESTING

We use larger sample sizes, a proven measurement framework, robust benchmarks and other tools to provide a precise assessment of page-by-page strengths and weaknesses.

MORE ACTIONABLE TESTING

Drawing on our expertise in Language Strategy ®, we drill down to recommend what to say, what not to say, and the why behind it all, so you can understand exactly where and how to strengthen your CVA.

VIRTUAL REP

Go beyond traditional testing to optimize your sales aids and maximize your impact.

Contact us at maslansky.com/connect to unlock more from your white paper and sales aid testing.

maslansky+partners