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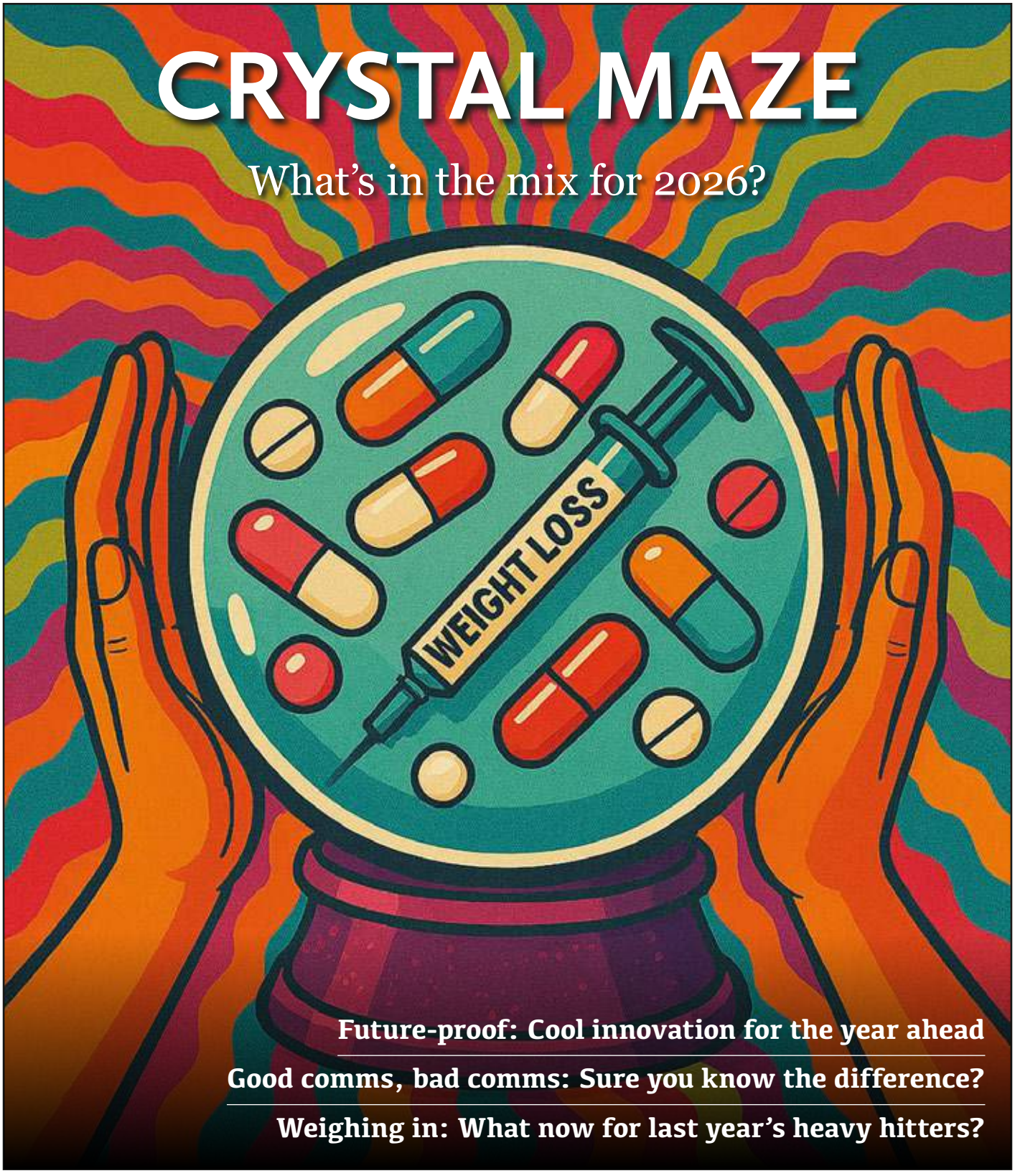

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Leap year

Hello dear reader and a warm welcome to the second quarter of the millennium. How on earth did we get here? Who knows, but proceed we must.

Each year in our industry we are duty bound to leap into whatever happens to be in front of us. We somersault or we tentatively edge into the transformational avenues and, indeed, life-affirming alleyways of the life sciences. Lives are at stake and we run towards the danger – it was always thus.

This time, however, there seem to be greater possibilities and – equally – increased jeopardy. A leap of faith is necessary; a leap into the unknown is compulsory (cue heartbeat sound effect, accompanied by tension music).

With digital medicine and AI drug development comes great curiosity but, by incorporating it, by empowering it, we must accept greater responsibility. Crikey, this is deep for the first edition – but, make no mistake, our laser focus, especially when it comes to the neo-med universe, is non-negotiable.

Needing to trusting the robots is a real thing to wrestle with, and it's a challenge that is never ending or beginning (on an ever-spinning wheel), such is the human nature woven into the fabric of machine learning.

And, in that respect, this latest plot point in the pharma/healthcare narrative is precisely the same as the first laboratory, the first therapies, the first practitioners, the first national health service. It is nothing if not a projection of ourselves – for worse or for better.

Don't have nightmares,

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editor

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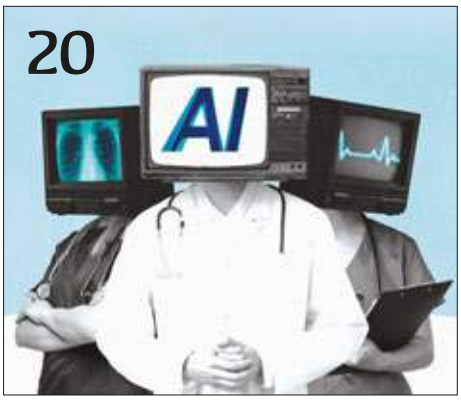

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Fabentech authorisation marks major step in European preparedness against ricin

Fabentech has received Marketing Authorisation in France for Ricimed, an antidote designed to treat ricin poisoning, marking a significant milestone for the Lyon-based biopharmaceutical company and for European biodefence readiness.

Ricin is considered one of the most toxic naturally occurring substances and is recognised internationally as a priority biological threat.

Exposure can lead to death within hours or days, regardless of the route of entry, and until now no vaccine or specific treatment has been available. Ricimed offers a new therapeutic option for severe cases requiring rapid intervention, complementing supportive care.

The therapy uses polyclonal antibodies to target and neutralise ricin before irreversible damage occurs. Its approval follows evidence demonstrating its ability to counteract the toxin effectively, addressing a long-standing unmet medical need in the management of acute ricin intoxication.

The authorisation also marks a turning point in Fabentech's commercial development. The company has already secured more than €20 million in multiyear contracts with several European countries and is preparing for the international rollout of Ricimed.

The programme has been supported by the French Ministry of the Armed Forces and Veterans Affairs, including the Directorate General of Armaments and the French Military Health Service.

Fabentech's broader pipeline includes five active programmes focused on medical countermeasures, three of them dedicated to biodefence and two targeting emerging infectious diseases. In 2024, the company received €20 million in financing from the European Investment Bank under the HERA Invest programme to accelerate research, bioproduction and commercial expansion.

Sébastien Iva, Chief Executive Officer of Fabentech, said: "Ricin represents a critical challenge at the crossroads of security and public health. Its toxicity and potential use as a biological weapon make it a major threat, closely monitored by governments and public authorities worldwide."

Oxford Drug Design reports major in vivo milestone for novel cancer therapy

Oxford Drug Design has announced new in vivo results that further validate its emerging first-in-class oncology programme, marking a significant step forward for the Oxford-based AI drug discovery company.

Using its GenAI platform, the company has completed in vivo validation of a novel therapeutic mechanism designed to target multiple tumour types.

In a genetically engineered mouse model replicating the earliest mutational events in colorectal cancer, its lead compound showed statistically significant anti-tumour activity with efficacy comparable to rapamycin, a benchmark therapy, while demonstrating no detectable toxicity.

Rapamycin and related drugs are often limited by the emergence of KRAS mutations that render them ineffective.

Oxford Drug Design's findings indicate a potential way to bypass this challenge. In advanced 3D tumour models derived from RAS-driven colorectal cancers, the company's compound induced cancer cell death in scenarios where rapamycin failed. These models represent two of the most aggressive human colorectal cancer subtypes that carry KRAS mutations associated with poor clinical outcomes.

The work was conducted by the Cancer Research UK Scotland Institute as part of an ongoing grantfunded collaboration. The lead molecules originate from Oxford Drug Design's proprietary chemical

scaffolds, refined through its in-house structural biology capabilities. This marks the company's third first-in-class programme to achieve clear in vivo validation using its AI-driven platform.

Paul Finn, CSO of Oxford Drug Design, said: "We continue to develop this breakthrough programme successfully against major tumours, applying our integrated expertise in generative AI and target biology. A significant milestone has been achieved and our rapidly advancing efforts are now focused on bringing this potential first-in-class treatment into the clinic".

Professor Sarah Blagden added: "These latest results of Oxford Drug Design are impressive."

Storm and AlidaBio link up to advance RNA-targeting cancer therapies

STORM Therapeutics has entered a new collaboration with US based AlidaBio to accelerate the development of cancer therapies that target RNA modifications.

The partnership will combine STORM's clinical expertise with AlidaBio's next-generation sequencing platforms to deepen understanding of how inhibiting the RNA-modifying enzyme METTL3 affects cancer biology.

The agreement will see STORM use AlidaBio's EpiPlex and EpiScout technologies to detect and measure transcript-specific N6-methyladenosine RNA modifications arising from METTL3 inhibition. These analyses will be carried out in clinical samples from patients receiving STC 15, STORM's first-in-class METTL3 inhibitor currently being evaluated in phase 1/2 trials.

Post-transcriptional RNA modification, including m6A, plays a central role in regulating RNA metabolism, influencing synthesis, stability, maturation, transport and translation. METTL3 inhibition reduces global m6A levels, disrupting these regulatory processes. By examining m6A dynamics in patient samples, the companies aim to link molecular changes with clinical outcomes.

The collaboration will also investigate whether baseline m6A patterns can predict which patients are most likely to respond to METTL3 inhibition. The partners intend to validate m6A-regulated genes and cell types affected by treatment, supporting the development of biomarkers that could guide patient selection in future studies.

Eric Martin, Chief Development Officer at STORM Therapeutics, said: "AlidaBio has demonstrated exceptional expertise and leadership in the field of RNA-modification analysis, particularly through the development of advanced NGS technologies capable of detecting key epitranscriptomic modifications in both healthy and diseased settings.

"Through this collaboration, our shared goal is to extend our understanding of transcript-specific m6A changes in relation to clinical benefit and patient response, to improve outcomes for cancer patients treated with STC-15."

MRM Health collaborates with Oncode Institute and Netherlands Cancer Institute

MRM Health, a clinical-stage biopharmaceutical company developing microbiome-based therapeutics for inflammatory diseases and immuno-oncology, has announced its collaboration with Professor Emile Voest, senior group leader at the Netherlands Cancer Institute (NKI) and senior investigator at Oncode Institute.

MRM hopes to accelerate the development of novel live biotherapeutic products (LBPs) to improve the efficacy of immune checkpoint inhibitors (ICIs) in cancer treatment, assisted by Voest's established expertise in tumour microbiome research and translational oncology.

ICIs have transformative potential in cancer therapy, but immune-related adverse events (irAEs), heightened toxicity in combinations, primary or acquired resistance and serious side effects can limit their use. Scientific evidence now suggests that ICI efficacy, safety and combination potential could be enhanced through targeted modulation of the gut microbiome.

Certain microbiome compositions are associated with more favourable outcomes, while microbiome imbalances caused by antibiotics and other therapies are associated with reduced survival.

MRM hopes to use its proprietary CORAL platform for the development of bacterial consortia that can restore the dysbiotic microbiome and modulate immune and metabolic pathways linked with ICI response. Voest's insights in this area will allow MRM to accelerate design and production.

Voest said: "Our research has demonstrated the critical role of the gut microbiome and its metabolites in shaping responses to immunotherapy. By partnering with MRM Health, our insights can be turned into innovative therapeutic strategies aimed at overcoming resistance and unlocking the full potential of ICI treatments."

Sam Possemiers, CEO of MRM, added: "By combining our rational microbiome design platform with Professor Voest and his team at the NKI, we aim to accelerate the creation of next-generation therapies that increase response rates to immune checkpoint inhibitors, meaningfully improving patient outcomes across multiple cancer types."

Acesion Pharma launches phase 2 trial of AP31969 in atrial fibrillation

Acesion Pharma has begun enrolling patients into a phase 2 clinical trial of AP31969, its novel oral SK ion channel inhibitor being developed for rhythm control in atrial fibrillation.

The company said the first participants have now entered the randomised, double-blind, placebo-controlled study, which will recruit 200 patients across eight European countries and is expected to complete in the first quarter of 2027.

The trial's primary efficacy endpoint is atrial fibrillation burden, defined as the percentage of time a participant spends in atrial fibrillation. A key safety measure is the occurrence of ventricular pro-arrhythmia, a major limitation of existing anti-arrhythmic drugs.

To support continuous assessment, all participants will receive an implantable loop recorder enabling round-the-clock cardiac rhythm monitoring.

Acesion recently completed a phase 1 study of AP31969 in 92 healthy volunteers. That trial assessed single and multiple ascending doses, pharmacokinetics and effects on the QT interval, an established marker of pro-arrhythmia risk.

According to the company, AP31969 showed a favourable safety profile and suitable pharmacokinetics for chronic oral dosing, and clinically relevant effects on QTc could be ruled out.

Anders Gaarsdal Holst, Chief Executive Officer of Acesion, said: "Advancing our oral lead compound AP31969 into a phase 2 clinical trial marks an important milestone for Acesion."

HUTCHMED begins phase 3 stage of pancreatic cancer trial

HUTCHMED has advanced its ongoing study of surufatinib and camrelizumab for treatment naïve metastatic pancreatic ductal adenocarcinoma, initiating the phase 3 stage of its phase 2/3 trial in China. The company confirmed that the first patient received a dose on 30 December 2025.

Pancreatic ductal adenocarcinoma is the most common and aggressive form of pancreatic cancer, accounting for more than 90% of cases. Globally, around 511,000 people were diagnosed with pancreatic cancer in 2022 and approximately 467,000 died from the disease. Survival remains poor, with fewer than 10% of patients living five years after diagnosis.

In China, 119,000 cases and 106,000 deaths were recorded in 2022. Standard treatments such as chemotherapy, surgery and radiotherapy have delivered limited improvements, and fewer than one in five patients with metastatic disease survive beyond a year.

The multicentre, randomised, open label trial is comparing a four drug combination of surufatinib, camrelizumab, nab paclitaxel and gemcitabine with the established regimen of nab paclitaxel plus gemcitabine. Sixty-two patients were enrolled in the phase 2 portion, and the phase 3 stage aims to recruit around 400 more.

Overall survival is the primary endpoint, with secondary measures including progression-free survival, objective response rate, duration of response, disease control rate, quality of life and safety. The study is led by Professor Shukui Qin of China Pharmaceutical University Nanjing Tianyinshan Hospital and Professor Jihui Hao of Tianjin Medical University Cancer Institute and Hospital.

HOT & NOT

Johnson & Johnson has submitted a Type II variation application to the European Medicines Agency for an extension of indication for teclistamab in combination with subcutaneous daratumumab for adults with relapsed or refractory multiple myeloma who have received at least one prior therapy.

The company said the two immunotherapies act in a complementary way by targeting BCMA and CD38 to activate the immune system earlier in the treatment pathway.

Modus Therapeutics has announced that the first patient has been dosed in part 2 of its ongoing phase 2a clinical study evaluating sevuparin for the treatment of chronic kidney disease (CKD) with anaemia.

The company confirmed that the initiation of part 2 was preceded by a protocol amendment submitted during the summer of 2025 to finalise dose selection.

Zenas BioPharma has announced positive findings from its phase 3 INDIGO trial evaluating obexelimab in patients with immunoglobulin G4-related disease (IgG4-RD), reporting a statistically significant reduction in flare risk and favourable safety outcomes.

The company said the study met its primary endpoint, with obexelimab delivering a 56% reduction in the risk of IgG4-RD flare compared with placebo during the 52-week controlled period.

MHRA approves Nucala for eosinophilic COPD in adults on triple therapy

The MHRA has authorised GSK's Nucala (mepolizumab) in the UK as an add-on maintenance treatment for adults with uncontrolled COPD of an eosinophilic phenotype who are already receiving triple therapy with an inhaled corticosteroid, a long-acting beta2 agonist and a long-acting muscarinic antagonist.

The decision follows results from two placebo-controlled phase 3 studies, MATINEE and METREX, which demonstrated that mepolizumab significantly reduced the annualised rate of moderate or severe exacerbations and extended the time to first exacerbation once treatment had begun. The safety profile was consistent with what is already known for the medicine.

Professor Mona Bafadhel, Director of King's Centre for Lung Health and Chair of Respiratory Medicine at King's College London, said: "For people living with COPD, managing exacerbations is an ongoing challenge that significantly impacts their lives, with almost a quarter of hospitalised patients being re-admitted within 30 days. The approval of mepolizumab provides us with a new treatment option that can help people with eosinophilic COPD by reducing the frequency of their exacerbations."

Dr Joanne Hunt, Medical Head, Specialty, GSK UK, said: "At GSK, we're committed to redefining respiratory care through innovation. If recommended by the National Institute for Health and Care Excellence (NICE), mepolizumab will be administered every four weeks to significantly reduce the rate of moderate/severe exacerbations and delay the time to first moderate/severe exacerbation once commenced on treatment."

Bial launches new sublingual Parkinson's treatment in UK

Bial has introduced a new sublingual formulation of apomorphine in the UK, offering a fresh treatment option for adults with Parkinson's disease who experience intermittent OFF episodes that are not adequately controlled by oral medication.

Around 166,000 people in the UK are estimated to live with Parkinson's, many of whom experience OFF periods when levodopa becomes insufficient during the day.

These episodes can cause the return of symptoms such as stiffness, tremors and difficulty moving, affecting independence and quality of life. Rescue therapies that act quickly are therefore considered an important complement to standard treatment.

Tom Foltynie, Consultant Neurologist and Professor of Neurology at the National Hospital for Neurology & Neurosurgery, Queen Square, London, said: "Motor fluctuations are a major concern for patients as Parkinson's progresses. Oral doses of Levodopa can take an hour before they start to take effect, and some doses fail completely because of slow stomach emptying or competition for absorption from dietary protein.

"Identifying other mechanisms of administration for dopaminergic therapies is therefore of major importance and we look forward to assessing the benefits of sublingual apomorphine in our PD patients experiencing this problem," he added.

Camille Carroll, Consultant Neurologist and Professor of Clinical Neuroscience at the Translational and Clinical Research Institute at Newcastle and Faculty of Health, University of Plymouth, said: "I am delighted to see Kynmobi becoming available as another therapeutic option in the UK for Parkinson's disease."

Lindus Health and **Quotient Sciences** have announced a strategic partnership to enable enhanced patient recruitment and streamlined pathways for clinical trials. The partnership will address the industry challenge posed by biotechnology and pharmaceutical companies needing to engage with multiple vendors across preclinical and clinical phases, causing inefficiencies and operational delays. Quotient's expertise in early clinical and drug development will be integrated with Lindus' expertise in patient recruitment and later-stage trial delivery.

Responding to the Health Services Safety Investigations Body's new report on corridor care, Rory Deighton, from the **NHS Confederation**, said: "Corridor care has gone from being a last resort during the busiest periods of winter to an increasingly common way of managing the rising demand the NHS is facing. We know that corridor care is undignified, unsafe and frustrating for patients and their families, and leaves NHS staff with the moral injury of being unable to provide the quality of care they would like to."

Recent **NHS** doctor strikes have again centred on disputes over pay, working conditions and staffing pressures.

Resident doctors in England staged a five day walkout in December 2025, one of the largest in NHS history, with around 95,000 staff absences reported.

Through the looking glass

2026 must be the year that pharma gets its data work back on track

The Gurus

Remco Munnik, Owner and Founder, Arcana Life Sciences Consulting

Frits Stulp, Partner, Life Sciences, Implement Consulting Group

Peter Brandstetter, Senior Manager, Accenture

Host: Ian Crone, VP Europe & APAC Regulatory Solutions, ArisGlobal

Despite all their talk of more strategic exploitation of data over the last ten to 15 years, the life sciences remain significantly behind other industries in achieving this.

With AI now seen as an important means to transform workflow, the data transformation imperative is more critical than ever, says Ian Crone, ArisGlobal's VP Europe & APAC Regulatory Solutions, reporting on a recent panel discussion on the topic.

In Europe, ISO's IDMP standards for medicinal product identification have been on the agenda for life sciences for well over a decade now. Yet refining the detail has taken too long, deadlines have slipped, and as momentum has faltered companies have failed to capitalise on the inherent benefits of having better, richer and more reliable data in a more reusable format.

Might it therefore be too late to turn things around, especially given the industry's appetite to harness AI to transform operational efficiency and more? Peter Brandstetter of Accenture believes so – unless something material changes.

"We should have started ten or 15 years ago," he said of the industry as a whole, referencing the largely missed opportunity to modernise the way product data flows across manufacturing, supply chain, regulatory, quality and safety.

AI challenging the calibre of companies' data

Crucially today, companies' growing ambitions for AI are difficult to realise if the source data is fragmented, inconsistently structured and of unreliable quality. As Remco Munnik of Arcana Life Sciences Consulting put it, "Without structure – without governance that provides meaning – AI struggles to make sense of information."

> **'Without structure – without governance that provides meaning – AI struggles to make sense of information'**

Peter warned that current hype around AI is causing some companies to jump straight into experimentation – without ensuring they have the foundations to support trustworthy output. This, he warned, "will lead to wrong results," undermining trust in AI.

The more effort companies put into improving their data and what can be done with them, the greater gains they can expect from their use of AI. There are no real shortcuts.

And yet AI pilots are becoming increasingly commonplace, applied to improve safety signal detection, submission generation, labelling harmonisation and more. And yes, there have already been some promising results.

But proper progress (e.g. beyond a single use case or function) depends on what lies underneath. Companies that have put off or skimped on IDMP, continuing to see it primarily as just another regulatory compliance burden, or those whose product data remains unstructured and locked in documents, remain fundamentally ill-equipped for the AI-enabled future they can now picture.

Regulatory Affairs' big opportunity

Regulatory Affairs departments could be doing more to lead the way, the panel suggested. As Implement's Frits Stulp noted, this is a function that holds some of the most valuable, regulator-validated product information in a life sciences company.

If structured more optimally, that data could serve as a strategic engine. AI could then do more than generate templates or speed up submissions; it could help to answer portfolio-level questions, reveal trends, support patent strategy and reshape the way that organisations anticipate changes in global markets.

In so doing AI won't replace regulatory specialists, but rather elevate them, Remco said. He referred to one prototype scenario where structured product data allowed automated propagation of approved company core safety information (CCSI) changes downstream, through English and local labelling, patient leaflets and multiple translations.

Rather than making people redundant, this led to greater efficiency, consistency and the elimination of expensive manual translation cycles. Ultimately, IDMP ought to be a critical enabler of automation, interoperability and intelligence.

The panel noted that the European Medicines Agency's Product Management Service (PMS) is the 'linchpin' of the shift towards structured regulatory data. Frits pointed to its increasing maturity and its use in shortage management, electronic application forms and future replacement of XEVMPD (the current Extended EudraVigilance Medicinal Product Dictionary).

Ultimately, IDMP creates a single language for product data – not just for EMA submissions, but also across internal functions and global markets. For AI, this consistency is essential.

It is transformative for regulators too, while for patients it is the key to faster access to better-quality information. EMA, Remco said, has "done its homework"; in other words, the burden now sits with Marketing Authorisation Holders (MAHs) to enrich, validate and align their data.

Putting right what has previously failed

Where companies embrace IDMP as a foundational data strategy, they will increase their opportunities to innovate. But what of those organisations that have fallen behind?

The panel pinpointed areas where companies have previously come unstuck, as a means to guide better onward action. These included:

• *Fragmented leadership*
Successful organisations have cross-functional leadership: not regulatory alone or IT alone, but rather enterprise-level alignment around data as an asset

• *Projects that have run away from their purpose*
Programmes often start well but eventually veer off, losing sight of their original goals until someone is brave enough to stop the clock, Ian noted

• *Companies chasing tools rather than outcomes*
Front-runners view tools as experiments to pilot, test, adopt or discard quickly; they don't invest millions before proving value, Remco said

• *Teams clinging to 'waterfall planning' in an agile world*
Incremental wins matter; as does transparency. Regulatory data journeys can't be executed as monolithic, multiyear programmes with no visible progress

• *Minimum compliance mindsets that then backfire*
Doing 'just enough' in time for each respective IDMP deadline has left many organisations with an incomplete, inconsistent or contradictory data estate. Now, attempts to introduce AI are exposing the cracks

• *Vendors are too often viewed as 'black boxes' rather than partners.*

As EMA's interfaces go live companies should be working closely with their suppliers – Frits said – to maximise readiness, transparency and alignment on road map and capability.

To aid them in their next steps, MAHs should now look to harness everything that EMA has done to ease their particular transitions.

In parallel, companies should consult their preferred vendors to ensure they will be able to exchange data with EMA PMS and support the required transparency; develop a long-term data vision that goes beyond Regulatory; and embrace small, value-driven steps that demonstrate visible progress.

If companies begin this work now, they could still catch up, the panel agreed. There is a good deal to play for once companies find their stride.

This includes the opportunity to leverage emerging 'trusted regulatory spaces' (shared cloud environments where regulators and industry are able to work collaboratively on data, review processes and documents), with a view to accelerating approvals, reducing back-and-forth cycles and improving the quality of patient information.

Patient-centric oncology trials

Data-driven, patient-first: using insights in striving to transform cancer care

In oncology care, clinical success is defined primarily by time: months or years of survival. Yet for patients living with metastatic cancers, the true value of time – and how it is lived – becomes paramount, requiring treatment decisions that balance extending life while aiming to preserve its quality.

This was a topic in one of our recent symposia on metastatic colorectal cancer (mCRC), where we explored how integrating patients' priorities with traditional clinical endpoints can guide care across the treatment journey.

The session reaffirmed what patients consistently tell us: they want their care teams to consider clinical measures alongside the aspects of life that matter most to them, including side-effect management, physical well-being, quality of life and time with loved ones.

The insights are clear: to truly advance oncology care, we must shift from a disease-centric to a person-centric approach. This means involving patients and caregivers at every step – from shared decision-making to trial design and patient-generated data. By placing patients' needs and values at the heart of these decisions, we can better align treatment strategies with meaningful outcomes for each individual.

Turning patient insights into action

One individual living with mCRC captured it perfectly: "Having support, feeling listened to and being involved in decision-making during your treatment journey has a huge impact."

Making the shift to a person-centric approach requires integrating shared decision-making into everyday practice – something I have championed for years. Seeing it take centre stage in our work at Takeda makes me incredibly proud.

One endeavour that has brought this to life is the *Not All Lung Cancers Are the Same* campaign, launched by ALK Positive Europe and supported by Takeda. This campaign evolved from patient insights: advocates and people affected by the disease told us they need knowledge and confidence to navigate complex decisions relating to their care. An expert Steering Committee of advocates and HCPs across Europe was then involved in developing resources to help patients better understand biomarker testing and support them in having informed conversations with their care team.

These materials empower patients to make choices aligned with their goals and tailored to their specific type of lung cancer.

Translating voices into data-driven insight

The individual stories I've heard over the years – from patients, caregivers, clinicians and researchers – have always left an impact on me. At the same time, I'm mindful that to meaningfully reshape clinical practice, we need a scientific approach that builds on these experiences – systematically translating patient voices into measurable, statistically meaningful and actionable insights.

That means leveraging real-world evidence and patient-reported outcomes (PROs) to understand needs at scale. Our support of the H2O Insight Centre, a public dashboard enabling patients to report PROs securely, is one example. With patient consent, this data can be shared for research, generating real-world evidence that reflects patient experiences and drives more patient-centric decisions.

Another example is an oncology trial at Takeda, where PROs were first and fully integrated from the outset. Patients helped shape which outcomes were measured, ensuring their desired endpoints are captured in our evidence generation.

This approach truly embodies our core values of 'PTRB' – Patient-Trust-Reputation-Business – and is becoming the blueprint for smarter, data-driven trials at Takeda.

Delivering our vision: data-driven, patient-first

As we expand in solid tumours and haematology, our goal is to lead in integrating these perspectives as a data-driven, patient-first organisation. Today, that means designing smarter trials, making shared decision-making standard practice and ensuring 360-degree support is considered from the outset.

By putting data-driven patient insights at the heart of our strategies, we ensure they guide every decision and shape every process at Takeda.

In doing so, we strive in delivering care that is not only clinically effective but also deeply aligned with what matters most to patients and their families – shaping the future of cancer care, together. ▲

By Annarita Egidi,
Head of Oncology,
Europe and Canada,
at Takeda Pharmaceuticals Ltd.

 References available upon request. Written and sponsored by Takeda. C-ANPROM/EUC/NON/0055

Gene party

Five genomics trends set to reshape research and care in 2026

Each year brings greater progress for human genomics, with the field steadily moving from promising research into tangible clinical and policy impact. In 2025, genetic insight continued to reshape what is possible in medicine.

Gene therapies delivered major breakthroughs, including treatments that halve cholesterol levels in patients with inherited cardiovascular risk, advances for people living with thalassemia and highly targeted approaches for leukaemia that reduce the need for traditional chemotherapy.

2025 also saw the first sustained slowing of Huntington's disease, marking a long-awaited milestone for a condition historically considered untreatable. Together, these developments show how genomic understanding is translating into precise, less burdensome care.

Alongside therapeutic progress, policy momentum is shifting towards prevention and earlier intervention. In the UK, ambitions were announced for genomic testing to become a routine part of newborn care, with proposals that all babies in England could receive DNA testing within the next decade.

Elsewhere in Europe, renewed investment in shared genomic infrastructure and data initiatives pointed to a longer-term commitment to personalised and preventative care. And in the US, federal newborn screening expanded to include additional rare conditions.

Underpinning this progress is the rapid evolution of genomic technologies. In particular, long-read sequencing is now faster and more affordable, giving many more global researchers access to deeper genomic insight.

This integrated and complete view of human biology sets 2026 up to usher in further breakthroughs, including in these five areas.

1. Repeat expansion disorders move from one milestone to a wave

2025's landmark success in slowing the progression of Huntington's disease marked a turning point for a broader class of genetic conditions known as repeat expansion disorders. These conditions are caused by DNA sequences that repeat beyond a safe threshold, disrupting gene function and leading to severe neurological symptoms.

As a result, the impact of the Huntington's milestone is expected to extend beyond this single disease. The success has renewed research and investment interest in other repeat expansion disorders, including those linked to amyotrophic lateral sclerosis and frontotemporal dementia.

Genomic complexity has long placed these disorders beyond the reach of effective treatment.

Huntington's is one of the simpler repeat expansion disorders to decode, since others involve longer repeats too complex for common sequencing approaches. Increased adoption of technologies capable of resolving longer, repetitive DNA sequences in a single test will make progress in other repeat expansion disorders a reality.

2. More nations will invest in inclusive genomics

More countries are expected to invest in population-specific genomics initiatives in the coming year, building on the momentum of recent pangenome projects.

Historically, individual genomes have been analysed using a common reference genome, known as GRCh38. However, no single reference can represent the full breadth of human genetic diversity, meaning clinically important variation can be missed.

Pangenomes overcome the diversity challenge because they consist of genomes from individuals with specific ancestries or from a particular geographic region. This approach means pangenomes capture both shared genes and population-specific variation, enabling accurate variant interpretation for historically underrepresented groups.

Several 2025 projects proved the value of decoding genetic diversity, including the South Korean and Arab pangenome initiatives. The Arab pangenome alone uncovered 8.94 million small and 235,000 structural variants absent from standard references.

As long-read sequencing becomes faster and more scalable, creating high-quality and inclusive genomic references is increasingly feasible at national level.

3. AI becomes the interface to population-scale genomics

As population genomics projects launch, the challenge is not just generating data but making sense of it. Analysing a single human genome already involves tens of thousands of lines of code and population-scale studies could generate up to 15× more data than YouTube over the next decade.

Managing this complexity with traditional bioinformatics alone is neither efficient nor sustainable.

AI will increasingly act as the interface between researchers and genomic data, enabling scientists to ask complex biological questions in intuitive ways. Chat capabilities will give scientists new ways of analysing data and reveal trends that they otherwise may not have considered.

2025 already saw major AI players start partnering with life sciences organisations to enable natural language-driven exploration of genomics data, for example Anthropic and 10x genomics.

4. Carrier screening evolves from limited scope to comprehensive coverage

Carrier screening is becoming increasingly important in reproductive and population health, but its scope has historically been constrained by technical limitations.

Only a subset of disease-causing genes can be reliably assessed, leaving many inherited conditions beyond the reach of traditional screening.

Even with next-generation sequencing, clinically relevant genes such as SMN1 for spinal muscular atrophy and HBA1/2 for alpha thalassaemia remain difficult to analyse due to their complex, repetitive structures. To date, laboratories have relied on multiple specialised assays, increasing cost and turnaround time.

In 2026, carrier screening is expected to shift towards more consolidated testing. As sequencing technologies mature, single assays will increasingly capture both straightforward and technically challenging genes with greater accuracy, enabling broader and more scalable screening programmes.

5. The diagnostic odyssey continues to improve for rare disease patients

Rare disease treatment is still defined by long diagnostic odysseys, with patients waiting an average of four to five years for an answer.

Despite extensive testing, around 60% of patients never receive a definitive diagnosis. In 2025, evidence began to show a path beyond the current fragmented model of testing. Research led by Radboud University Medical Center demonstrated that long-read whole-genome sequencing could identify 93% of pathogenic variants in challenging rare disease cases, reducing the need for multiple follow-on tests.

In the next twelve months, more hospitals and research centres are likely to evaluate long-read sequencing earlier in the diagnostic pathway for rare disease patients.

By consolidating stacked assays into a single genome-wide test, rare disease diagnostics can deliver faster answers for families while improving efficiency for healthcare systems.

Progress in genomics

These five predictions point to a clear shift in what is expected of modern genomics. Researchers, clinicians and funders increasingly assume that genomics projects should generate data at scale, deliver a complete picture of genetic variation and provide results that are interpretable at speed.

These expectations are being met by rapid advances in sequencing and informatics that turn questions once out of reach into routine study designs.

To ensure this progress translates into real-world benefit, the genomics ecosystem must continue to invest in data quality, inclusion, cross-sector partnerships and technology so insights move efficiently from research into care. ▲

Question of trust

Counterfeit drugs are spreading, forcing pharma leaders to act with greater speed

The recent surge of counterfeit versions of Eli Lilly's weight loss drug Retatrutide being sold on TikTok and Meta platforms highlights a growing challenge for the pharmaceutical industry when viral demand outpaces regulatory timelines.

As counterfeit pharmaceutical drugs circulate online, pharma leaders must navigate safeguarding public health while protecting brand integrity and preserving trust in innovation in an era where hype spreads faster than science.

Build trust and mitigate risk

When counterfeit drugs flood the market, mitigating the risk requires mobilising an ecosystem at every level, from C-Suite to pharmacists and deploying the appropriate technology, communication and governance.

During times of uncertainty, transparency becomes one of your strongest assets. Communication teams, whether in-house or external, must be integrated with your technical and C-suite teams to ensure proactive, accurate and controlled external messaging that builds trust, prioritises safety and educates the public on why regulatory timelines exist.

Equipping those who act as your 'frontline' with the tools they need to act as a first line of defence is also crucial. For pharmacists, this will look like identification checklists, warning materials and clear paths they can follow to counsel patients who have been exposed to false social media marketing.

Making technology available to locate fake versions of the drug quickly also allows you to mitigate the risk of counterfeit or unregulated products reaching your patients. This can include using AI-powered monitoring to scan social media platforms for counterfeit listings. This automated detection will allow you to find threats before they go viral.

Unlicensed products hitting the market is becoming a recurring threat that is growing in sophistication, therefore building an organisational muscle that can pivot and rapidly react is crucial.

Establishing cross-functional governance teams that have pre-authorised budgets and decision rights means they can respond efficiently and effectively to any new threats within hours of spotting the activity.

When R&D, regulatory, legal, comms and digital join forces routinely and understand the mission they are working towards, you embed the adaptability and agility into your organisation's DNA required to act appropriately in this volatile landscape.

Respond and capitalise on uncertainty

As counterfeit cases continue to rise and patients unknowingly purchase products that may cause real harm, leaders must move beyond treating this as an emerging threat and establish robust and proactive response frameworks.

Pharma leaders that acknowledge the seriousness of the issue and take decisive action will not only mitigate risk but also uncover meaningful opportunities that are hidden within the disruption.

Working with your communications team to ensure crisis-communication protocols are implemented for these types of scenarios, ensuring they are rigorously and regularly tested, not filed away until the next emergency, is a key first step.

By doing so, when the next surge of illegal products appears, stakeholders will understand their role and be prepared to coordinate in real time with clear, open lines of communication.

This level of readiness makes the pressure far more manageable. Removing any internal barriers that will prevent employees from making faster and bolder decisions helps people to feel aligned and empowered to act. Decentralising decision-making powers also enables teams to act on threats without waiting for more senior approval.

> **'A siloed organisation cannot act quickly, as employees will often communicate with and trust their own business unit'**

This doesn't mean abandoning governance but defining clear escalation paths with pre-authorised budgets before the crisis hits. This approach, which prioritises outcomes over hierarchy develops agile response teams who are crucial when uncertainty is at an all-time high.

Once these 'change muscles' are developed, enabling your organisation to pivot and respond quickly, you can begin to reframe the crisis as an opportunity where you can showcase the operational excellence and patient-centricity your organisation prioritises.

Not only are you managing the crisis but you're also building a movement where patients feel informed and reinforcing the associations of your brand with trust, safety and innovation.

Shifting the narrative around the opportunities that the disruption can unlock is critical to maintain momentum.

Create adaptive governance models

In environments where threats emerge overnight, leaders must create governance frameworks that operate quickly whilst maintaining the high regulatory standards that protect patients and preserve trust.

To keep up the pace, quarterly risk reviews must be replaced with continuous monitoring systems that track counterfeit activity, social media trends and regulatory signals in real time.

The aim is to create a model that will give you awareness to act before a threat escalates. Next, re-evaluate your operating system. Switching to a dual operating system that combines a traditional hierarchical structure with an agile, network-based approach will help you adapt to any changes while maintaining stability.

Whilst the hierarchy remains responsible for day-to-day tasks and daily operations, the network will form a responsive system that is flexible and able to respond to any new threats. This structure gives permission to step forward and motivates individuals to volunteer, ensuring hierarchy provides support whilst the network drives strategic initiatives.

This model has been created specifically for organisations to adopt when a threat emerges. A siloed organisation cannot act quickly, as employees will often primarily communicate with and trust their own business unit. Addressing threats effectively requires all people from all levels to be aligned.

In order to break down these barriers and act as one force, leaders can create a 'guiding coalition' made up of employees from various divisions of the company that empowers employees to identify opportunities, surface ideas and participate in rapid-response teams.

This will mobilise the organisation as a movement rather than a mandate that in turn leads to accelerated change.

Leading with trust, agility and alignment

The Retatrutide counterfeit crisis is a preview of pharmaceutical leadership challenges in the digital age. When innovation goes viral before approval, leaders must be prepared to cross organisational boundaries and build governance systems that are able to operate at the speed of digital culture.

To adapt to these new norms, pharmaceutical leaders must embrace these three imperatives:

- Build trust proactively both internally and externally through multi-stakeholder communication, technology-enabled authentication and transparent crisis response systems
- Transform disruption into opportunity by preparing for volatile environments with agile response frameworks
- Create governance structures that mobilise people at all levels and break down silos.

Those organisations that lead in this way will recognise the need to balance addressing immediate challenges with building adaptability into their foundations, ensuring they are prepared for a wide range of external volatility. ▲

Nick Petschek is EMEA MD at Kotter

Connect more

Redefining the future of customer relationships in biopharma

The pharmaceutical industry stands at a defining moment.

Scientific innovation has delivered unprecedented breakthroughs, from precision medicines to life-changing treatments for rare and complex diseases. These advances are transforming patient care and offering new hope to healthcare professionals (HCPs) and the patients they serve.

However, alongside this progress comes a new set of challenges that demand a fundamental rethink of how biopharma engages with the healthcare system.

In this feature, Aaron Bean, Commercial Business Consulting Lead for Europe and Asia at Veeva Systems, explores how changing traditional ways of working can strengthen relationships with healthcare professionals, secure patient access and ultimately improve outcomes.

A complex landscape

Over the past two decades, the industry has witnessed remarkable advancements in science. Yet as therapies become more specialised and patient populations smaller, bringing treatments to market has become increasingly difficult.

High five:

Crucial models for connected engagement

Aaron outlines five connected engagement models which reflect differing levels of market complexity and value.

1. Marketing-centric engagement, designed for lower-complexity markets where scale and awareness are priorities. This model leverages digital channels and automation to reach large audiences with personalised messaging.
2. Service-oriented models, that introduce a human element in a more efficient way. Digital-first teams and pooled channels enable HCPs to initiate contact and receive timely support, without over-reliance on traditional field visits.
3. Field-based partnership models, where representatives evolve into orchestrators of value. Rather than promoting products, they build trusted partnerships and connect clinicians with resources, services and expertise.
4. Account-based selling, suited to complex environments with multiple brands and stakeholders. This model brings coordination and strategic focus across key accounts.
5. Strategic account management, the most sophisticated model, reserved for highly complex, high-value markets. Here, deep, long-term partnerships are formed to jointly address system-level challenges such as pathway optimisation and service redesign.

The high cost and complexity of many modern therapies place even greater emphasis on clearly communicating value – not just to payers, but to clinicians operating under immense pressure.

In the UK, this challenge is particularly acute. The NHS is navigating significant system-wide strain, from workforce shortages and rising demand to financial constraints and administrative burden.

Fundamentally, healthcare professionals are focused on delivering better consultations, supporting patients appropriately, collaborating with peers and staying up to date with the latest scientific developments.

They are also expected to contribute to clinical research and innovation, often alongside already stretched workloads.

For pharmaceutical companies, the question is not simply how to reach clinicians, but how to genuinely support them in these roles. Engagement that fails to recognise the realities of clinical practice risks adding to the noise rather than delivering value.

Internal pressures within biopharma

At the same time, biopharma organisations themselves are experiencing a 'perfect storm' of internal pressures. Product portfolios are diversifying rapidly, launch volumes are increasing and therapies are becoming more complex.

Where new products once enjoyed long periods of market exclusivity and sustained growth, competition now arrives faster and in greater numbers.

Data illustrates the scale of this shift. The window for achieving double-digit growth has shrunk from around 14 years to just four. Competitive intensity has increased dramatically, with the number of rival products entering markets rising sharply within just a few years of launch.

This creates pressure not only on healthcare systems competing for limited budgets, but also on pharmaceutical companies striving to differentiate their offerings.

Compounding this challenge is the persistence of traditional operating models. Many organisations remain structured around product-first thinking, with sales, marketing, medical and market access teams operating in silos.

The traditional large field force model, built around door-to-door access, is becoming increasingly ineffective – particularly in the UK, where access to HCPs is among the lowest in Europe.

Veeva Pulse data shows that while approximately 53% of HCPs across the EU are accessible to industry, in the UK that figure drops to just 25%. Even more striking, among those clinicians that are accessible, the vast majority engage with only three or fewer pharmaceutical companies.

In such an access-constrained environment, winning and retaining meaningful relationships depends on delivering an outstanding, differentiated experience.

Cutting through the noise

The reality facing clinicians highlights why relevance is critical. A UK GP may see an average of 37 patients per day, alongside managing up to 100 pieces of secondary care correspondence. Specialists can be contacted hundreds of times per year by pharmaceutical companies – equating to an attempted interaction every few hours.

Against this backdrop, engagement that is poorly timed, generic or misaligned with clinician needs is likely to be ignored. To cut through the noise, biopharma must focus on quality over quantity, aligning interactions with what HCPs value and when they need it. This requires a shift away from isolated touchpoints towards connected, personalised engagement over time.

Crucially, there is no one-size-fits-all solution. Most organisations will require a blend of these models, deployed dynamically depending on product life cycle, market dynamics and customer needs. From the HCP's perspective, these engagements should feel seamless and connected, rather than fragmented or repetitive.

Technology as an enabler

While digital channels and data play a central role in enabling connected engagement, it is clear that technology alone is not the answer.

The real opportunity lies in using data to understand customers better, anticipate needs and guide next-best actions that genuinely add value.

Pilots of pooled digital channels, such as live chat, demonstrate this potential. When clinicians are given convenient, responsive ways to engage, overall interaction frequency increases rather than replacing existing channels.

Faster response times, higher content engagement and improved follow-up all contribute to a more positive experience.

Human dimension

At its core, the future of customer engagement rests on two pillars: mutual value exchange and enhanced customer experience.

Mutual value exchange means offering propositions that truly support clinicians in their roles – whether through education, service support, evidence generation or peer connectivity. Trust is built through transparency, relevance and a clear understanding of what matters to each customer.

Enhanced customer experience is about convenience, coordination and relevance. It requires organisations to move beyond internal silos and present themselves as one connected partner.

Sales, medical and marketing teams must work together to create coherent journeys rather than disconnected interactions.

Putting patients at the centre

Ultimately, connected engagement serves a broader purpose: improving patient outcomes. Healthcare professionals are constantly connecting patients to treatments, carers to support networks and multidisciplinary teams to each other.

Pharmaceutical companies must mirror this connectivity internally to enable it externally.

When done well, connected engagement unlocks opportunities for shared value – from pathway optimisation and innovative contracting to value-based agreements that improve access to treatment.

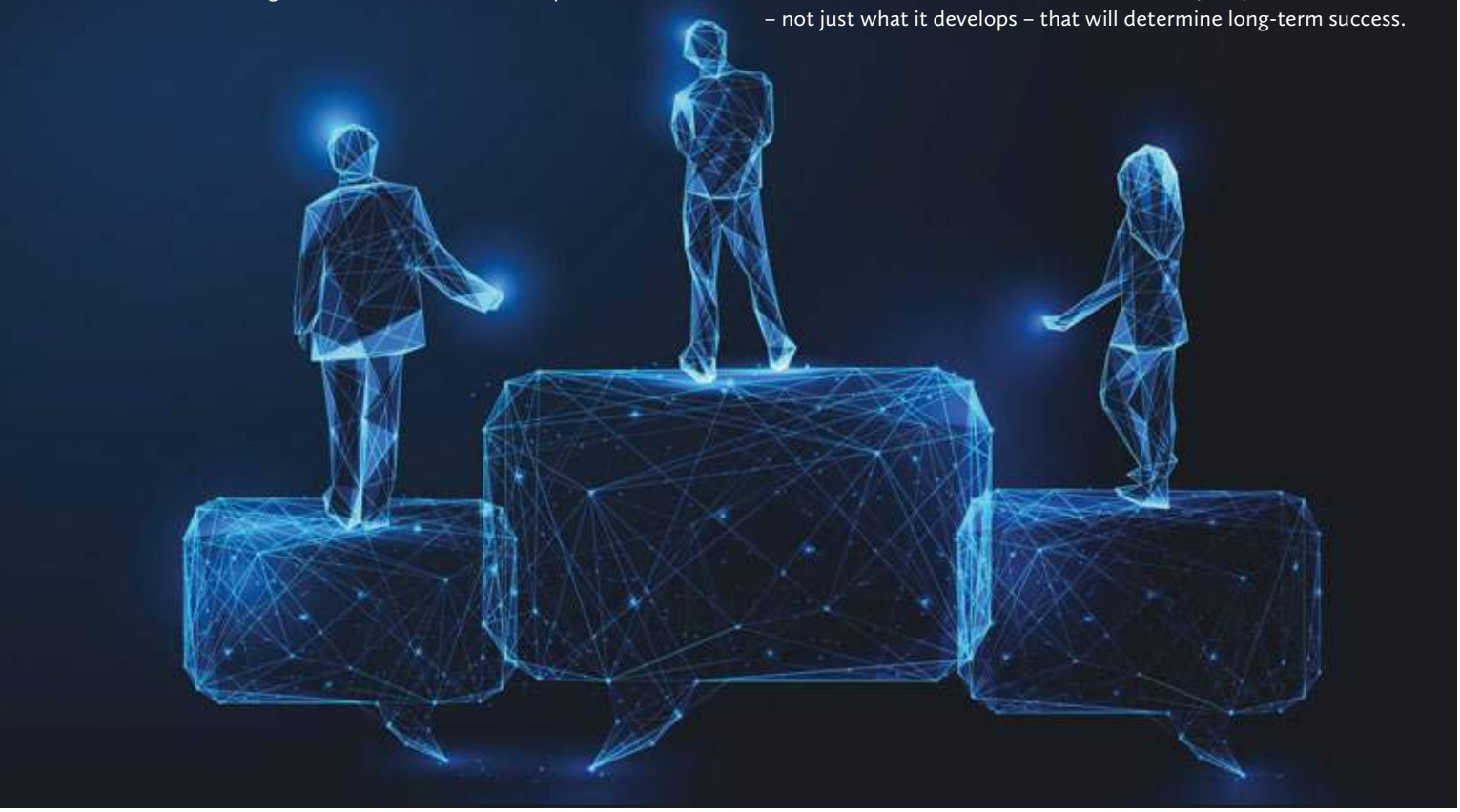
The goal is not simply better communication, but better collaboration across the healthcare ecosystem.

Looking ahead

The future of biopharma engagement will be defined by those organisations willing to modernise, adapt and put the customer – and the patient – at the centre of their strategies.

By embracing connected engagement models, breaking down silos and focusing on meaningful value exchange, the industry can build stronger relationships with healthcare professionals and play a more impactful role in an increasingly complex healthcare landscape.

As science continues to advance, it is the way biopharma connects – not just what it develops – that will determine long-term success.



Being is believing

Patients deserve better – why AI alone won't solve pharma's fragmented safety data problem

A major shift in approach is needed if patient-reported adverse events are to enable clearer safety insights and better safety outcomes.

Simply throwing AI at dispersed and incomplete safety data cannot achieve that. Progress starts with better data capture, and that requires a stronger mandate and guided digital experiences for those tasked with collecting it.

The ambitions of patient safety and ongoing pharmacovigilance are very clear – making drugs and therapies as safe as they can be so that they deliver ever better outcomes. Yet this entire endeavour is threatened by the enormous complexity in capturing meaningful, high-quality insights and acting on them swiftly.

Unless the pharma industry gets a grip on this problem, it risks missing a huge opportunity. That includes the potential to harness AI to derive better intelligence.

There is a fine distinction here. While AI technology promises much, it can only work with what it has, so trying to get it to turn bad or incomplete data into something of greater value is futile. AI's role in transforming safety data is rather more nuanced.

Too often the safety data (adverse event reports) gleaned from patients and healthcare providers is patchy, incomplete and difficult to follow up. Diverse channels for reporting, and inconsistency in what and how much is captured, render findings hard to combine in a meaningful way – e.g. as the basis for actionable intelligence, blended with data combed from scientific journals, online forums, etc.

Today, technology vendors are bold in their claims about AI. Too often they imply that companies that may be grappling with fragmented and incomplete data can simply leave the chaos as it is and let AI make sense of it.

But it is not that straightforward. The first priority must be to get better data in when the opportunity is greatest; at the point when reporting is being done intentionally. Particularly where the facilitator is a paid third party contracted to deliver a patient support programme (a PSP vendor).

There is an argument that regulators should be exerting more influence around original patient safety data capture, to build the richest possible understanding of each patient's experience. Until the authorities mandate that better data is captured at source wherever possible, and until the entire industry understands that AI is not a simple fix to the complexity problem, safety functions and their patients will be no better off.

Catch it while you can

Just as there is a 'golden hour' in critical medical interventions, there is a golden opportunity to capture maximum patient AE insights, that is at the time of initial reporting.

Anecdotally, large pharma organisations report that barely just 10% of attempts at information follow-up (to fill in gaps in the narrative) are successful once initial details of any side-effects have been reported. So, to miss this window is to forego those insights altogether.

Professionals tasked with capturing and collating patient safety data need better incentives and facilities, then, to capture a more rounded picture of an individual's experience and wider health profile up front. It may be that the data collectors have a wider remit as patient support programme managers or as speciality pharmacies.

> 'Every safety data point is precious and needs to be treated as such from the moment of capture through to analysis'

If their main vehicles for receiving and registering adverse event notifications are an email address, paper form or Word document, they will remain compromised in their ability to share meaningful insights.

Patient-centricity requires more

With so much claimed in this industry about improving patient-centricity, it is puzzling that only some pharma companies (that are paying for the data) and regulators (with a remit of upholding quality and safety) are going all out to drive and enforce the capture of complete and high-quality data first time.

Better data would provide a much clearer picture of adverse events and what may be contributing to them (such as drug interactions, pre-existing conditions).

Consider the high volumes of incoming data ready to be recorded around weight loss drugs traditionally associated with diabetes treatment – those targeting GLP-1 and/or GIP receptors to control appetite. Side effects may range from digestive issues to reduced muscle and bone mass.

The opportunity to capture this information widely and draw trend information from it is rich and important, and arguably there should be a mandate for assigned professionals to improve the consistency and value of this activity.

Ultimately, this is about empowering respective actors with the right tools for the job, as well as a sense of accountability for the quality and onward value of the data that is captured.

Being selective about AI

Part of the challenge is the perceived business change associated with overcoming fragmented safety data. Today's reality for pharma companies is a complex, multichannel landscape through that relevant data can flow.

When technology companies tell them that AI can help pull together all of the insights, then, without the need for any reformatting or data work, the prospect is very tempting. Yet AI can't fill in the gaps, and strategies and approaches for improvements must provide for that.

Generally, it will be more effective to use AI to prompt good and comprehensive data capture up front (e.g. by guiding the user to provide additional information), for instance, than to apply tools later in the process once the opportunity has passed – although this too is a valid option if initial attempts were not possible or were unsuccessful.

AI could also be used to tailor and optimise the digital experience, e.g. for each inputter's persona (e.g. patient vs HCP/pharmacist or CRO), likely medical knowledge, native language, the device being used, and so on.

Honouring safety's higher purpose

Pharma's aim, longer term, must be to break down safety data complexity and enable a more holistic, richer picture of a drug and its impact once in the market – starting with capturing more via the earliest patient feedback.

In the 2020s, sorting through reams of data sent by email and then trying to chase down missing details is not a fit-for-purpose system when better alternatives are available. It is inefficient, ineffective and costly, and it serves no one.

An optimised digital experience for the reporter, with pertinent questions or prompts to capture all of the preferred detail, has been shown in pharma company deployments to enable 70% overall improved efficiency, including reduced follow-up.

With the current pace of drug innovation, every safety data point is precious and needs to be treated as such, from the moment of capture through to signal detection and analysis. Transformation requires that the pharma industry demystifies the complexity and deploys the right tools for the given situation – including AI, where appropriate.

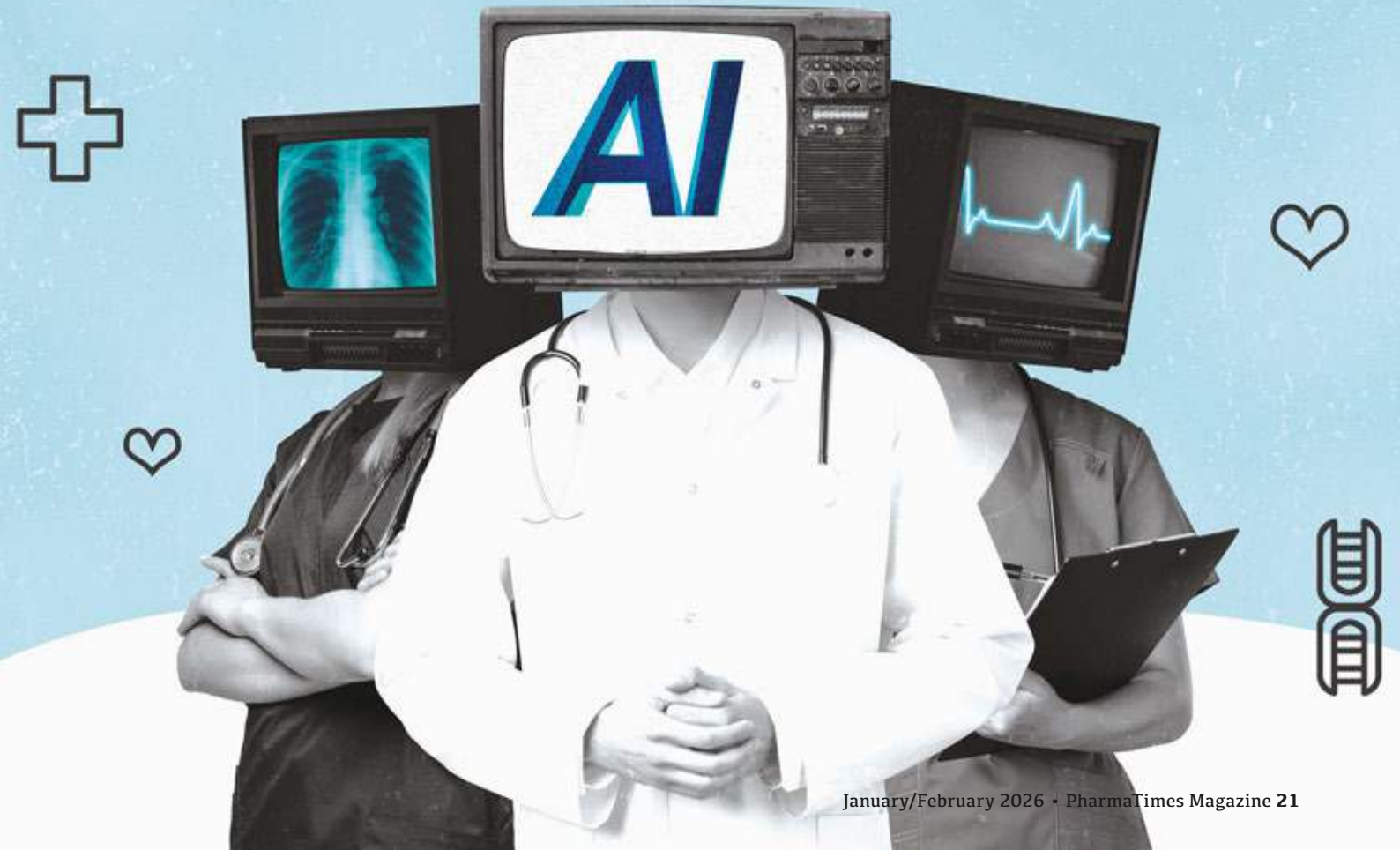
Companies must also join up systems and overcome data silos, allowing more insights to flow into all the relevant downstream systems – where they can be analysed and actioned without the need for manual data re-entry.

All of this will support more accurate triaging and onward decision-making, simultaneously boosting productivity and elevating patient outcomes.

As personalised medicine continues to grow as a proportion of pharma pipelines, and as smart devices do more to track individuals' health, the data collected will inevitably become more patient-centric.

Developing better practices now will set the pharma industry in good stead for what's to come. ▲

Daniel O'Keeffe is a VP at Qinesca



Speaking volumes

Training and supporting confident spokespeople – a guide for health sector communicators

Ask any pharma Communications Director for his or her list of non-negotiables, and a strong roster of spokespeople will be at the very top.

These individuals are the external face of your organisation, providing the crucial human voice that brings your messages to life whilst winning trust amongst your patient and clinician audiences.

Whether they are navigating a tough media grilling as a crisis unfolds or translating a complex research breakthrough for a breakfast TV crowd, skilled spokespeople are worth their weight in gold.

> 'A skilled spokesperson is worth their weight in gold'

However, the best spokespeople are not born; they are made. It's a rare organisation where colleagues are queueing up with enthusiasm to face journalists and conference crowds.

More often, a combination of nerves, a lack of role clarity and the absence of formal training prevents talented individuals from stepping forward.

This creates a common but critical bottleneck: you need experts and leaders to front company announcements; showcase expertise at events; and join podcasts and panels, but they lack the specific skills and confidence the role demands.

So, how do you bridge this gap? Try this strategic approach to transforming your internal experts into confident, compelling ambassadors.

Step 1: From CEO to clinician, match the best people to the right opportunities

Before you can train, you must identify your talent and structure your approach. This will make it much easier to manage inbound requests and ensure the right person is always put forward.

You can subdivide your tiers by topic area or format of opportunity, so it becomes even easier to identify the right person at a glance. For example:

Tier 1: The C-Suite and top execs are best suited for the highest-profile thought leadership opportunities, fronting up milestone company news and announcements, and fronting up the defining moment of a crisis.

Tier 2: Managers and department heads are well suited for vertical-specific news announcements, public speaking and thought leadership opportunities.

Tier 3: Call on your subject or technical experts – including in-house clinicians, product managers or customer success leaders – to provide the human voice and niche expertise that journalists and audiences seek out.

At this point, it's so important to look beyond the usual suspects and those with the loudest voices! To fill your tiers, make it your mission to find a truly diverse group of people who demonstrate not just expertise, but also natural communication aptitude. That means clarity of thought, passion for their subject and composure under pressure.

For pharma companies, it's also recommended to select for those who can bridge the gap between global data and local relevance.

In 2026, a spokesperson who can speak to a specific UK health inequality is more valuable than one who only knows the global trial results.

Step 2: Turning health experts into fluent spokespeople

Comprehensive training is the most critical investment. Remember – effective training is a hands-on, tailored experience that goes beyond drilling key messages and instead focuses on build lasting skills and confidence.

What good media training should include:

- Helping spokespeople to get to grips with company messages, but also helping them to translate them into their own voice, weave them into narratives and adapt them to fit the conversation
- Explanations of the core techniques, from bridging difficult questions to steering interviews towards preferred topics and landing those all-important soundbites
- The bulk of the training should be practical, recorded interviews. A trainer (often an ex-journalist) must conduct challenging interviews to test the spokesperson's command of the techniques under pressure
- A skilled trainer will coach on the nuances of different platforms – as you know, appearing on live TV is not the same as a pre-recorded podcast! The trainer should also help the trainees to perfect their body language, posture and vocal tone, so their physical presence matches the authority of their words.

It's important that your media training is not a copy-paste of last year's session: the media landscape is changing rapidly, and your training provision should too.

For example, some additions worth considering for this year include 'authenticity training', i.e. how to escape the corporate speak trap and sound like a real human, or 'social-first training' i.e. how to thrive in 90-second vertical video formats and live digital Q&As.

Step 3: Practice, iterate and build confidence

A single training session is just the start. Skills fade without consistent practice and a structured approach to building experience.

- Build your spokespeople's confidence by starting them with trade press, industry podcasts, or print interviews with journalists who know your company and with whom you have a positive relationship. These are often less intimidating than live broadcast opportunities and provide a safer space for newly qualified spokespeople to refine their skills
- Use your PR agency or internal communications team to help keep skills sharp. They can set up mock interviews for quick practice and feedback and offer extra top-up training as required

- After every external engagement or media interaction, conduct a debrief with the spokesperson. Discuss what went well, which questions were toughest and what could be improved. This ensures continuous learning and helps with refining of messaging.

Step 4: Amp up the pressure with immersive crisis simulations

For your Tier 1 spokespeople and senior leadership teams, taking part in an immersive crisis simulation will help them feel ready for anything.

These simulations are an excellent add-on to standard media training, and they serve to test teamwork a decision-making under extreme pressure. A good simulation involves a realistic, unfolding scenario with evolving information, social media firestorms and high-stakes media engagements like mock press conferences.

For example, the simulation could replicate the demands that would be placed on spokespeople if your organisation were to be struck by a cyberattack resulting in leaked clinical trial data. Running simulations with different themes at least every six months should form the cornerstone of your organisation's crisis comms preparedness.

Step 5: Support, protect and recognise

It's important to acknowledge that being a spokesperson is an addition to, not a replacement for, an individual's primary role. To keep your front bench happy and engaged – and not overburdened – you need a support system that works.

- Create and update comprehensive resources for all trained spokespeople. This should contain company messaging and proof points, a 'fact sheet' with up-to-date stats, approved bios and headshots, and preparation tips
- Your internal team or PR agency should be doing the bulk of the legwork before every opportunity to provide thorough briefings, anticipated Q&As, and handle all logistics for any media engagement
- To retain spokespeople, the comms team must act as a gatekeeper. Ensure duties do not become stressful, demanding, or interfere with their core job
- Acknowledge their work publicly in company meetings and privately with their line manager. Who doesn't love a shout-out? Recognition is a powerful motivator for them and an encouragement for others to step up.

For organisations in the health sector, the people who represent you have the most important role of all.

By treating spokesperson development as a continuous and strategic programme, you can build an army of credible, confident advocates who are ready to thrive in the spotlight and represent your organisation with skill and impact. ▲

Jess Farmery is Senior Account Director, Health at Lexington Communications

Boom or bust

The GLP-1 inflection point is a moment of reckoning for us all

Ozempic. Wegovy. Mounjaro. Trulicity. Competing brands. Differing active ingredients and formats. But one huge opportunity.

GLP-1 medications occupy unprecedented territory: prescription products with mainstream consumer awareness, sold everywhere from Costco to aesthetic clinics.

The pace of change and competition in the weight loss category is like nothing we've seen before. Already there are new, natural ingredient competitors hitting the market that are not only affordable but taken orally rather than through a jab.

They are no longer just pharmaceutical products; they are consumer brands that have captured the consumer imagination. With this, and an unprecedented consumer demand, GLP-1s have reached an inflection point. At the end of the initial gold rush, there will likely only be one winner that truly embeds itself in our lives.

With new brands rapidly entering the market and expanding distribution exposing category vulnerabilities, manufacturers face a stark choice: evolve from traditional pharmaceutical thinking into more progressive, distinctive brands that have a clear point of view or risk commoditisation in an increasingly crowded and often unregulated market.

This isn't pharmaceutical category management; it's consumer brand building in a market where the lines of health and wellness are blurring. And the brand (or business) that recognises this distinction first will own the category.

Ozempic, Wegovy, Mounjaro and other competitors are standing on a precipice. The brand that invests in building its brand strategy and creating staying power through clarity, connection and commitment will be the brand that emerges as victor in the battle of GLP-1 supremacy.

Pharmaceuticals in uncharted territory

Novo Nordisk had an early advantage with its Wegovy and Ozempic GLP-1s but has been challenged by competitor Eli Lilly, manufacturer of Mounjaro.

Novo Nordisk recently pulled out of a $10 billion bidding war with Pfizer for Metsera – arguably an attempt to regain dominance in the lucrative obesity drug market through acquisition of further weight loss drug brands – even though the treatments from Metsera could still be years away from hitting shelves.

However, an acquisition-based strategy for market dominance is a misunderstanding of the obstacles and the opportunity for players in the weight loss market because weight loss jabs are in an unprecedented position.

Pharmaceuticals and prescription medicines ordinarily rely heavily on understanding, recommendation and advocacy from healthcare practitioners to drive success – both in terms of physical availability and sales.

But GLP-1s have a huge pull factor – coming from consumers who are turning to social channels and peers for a recommendation and making decisions on what is the right brand for them – and to ask for that.

A more progressive understanding of these changing dynamics and the potential future brand ecosystem is crucial to breakthrough and create competitive advantage. Securing market share does not wholly depend on a push-based strategy, instead these products must think brand first, engage consumers, create demand and build their brand strategy accordingly.

Break in the pharmaceutical mould

Unlike traditional Rx brands that rely on physician advocacy alone, GLP-1s need direct consumer brand equity – as well as providing experts with clear reasons to recommend – if they are to be victorious in the pharma-to-wellness crossover and secure distribution channels.

The relationship between healthcare professionals or advocates and GLP-1 manufactures is flipping the script on distribution.

Where healthcare professionals are the crucial audience for many pharmaceutical products for which consumer demand is low and advocacy is essential, the same cannot be said for GLP-1s. Instead, pharmacies, clinics and more are following the consumer trends closely and purchasing from manufacturers according to consumer sentiment.

At the same time, category crossovers are entangling GLP-1s with the fitness and wellness industries even further. Gym brands and fitness coaches are offering GLP-1 focused programmes. A GLP-1 user could then supplement this programme with a meal-delivery service focused on 'GLP-1 companion ready meals.'

With the market becoming increasingly complex, what brand playbook should these businesses follow in order to become the go-to solution for consumers and the go-to recommendation from physicians?

Clarity and driving differentiation

Ozempic, Wegovy and Mounjaro if used properly all bring around the same result – weight loss. Obviously, there are differences in effectiveness due to the different ingredients and the individual's context but the point here is that the end goal is the same.

It's this similarity in end goal that makes clarity and driving differentiation between your brand and competitors essential. Being clear on what your brand offers beyond the product, from emotional benefits to partnerships and associations, will distinguish your brand from the rest of the market.

Brands can make science their super power. The modern wellness consumers are investigative, with a keen understanding of what works for them and their bodies. By leaning into this and the science behind a product with clear, effective communication a brand can differentiate itself from competitors.

Without clarity and clear intent, you risk commoditising your product in the face of increased competition. This clarity is essential not only for consumers but for influencers, advocates and healthcare professional prescribers.

Without clear brand conviction, GLP-1s become interchangeable – vulnerable to price competition, counterfeit substitution and whoever shouts loudest on TikTok.

Winning hearts as well as minds

Traditional pharma relies on compliance. And compliance implies effectiveness. An important component. But without engagement and desirability it's easy to fall by the wayside.

But consumer brands work on your heart as much as your head, they don't operate within this same logical, linear consumer perception as pharmaceuticals.

Introduce the fact that health and wellness is a deeply personal and emotional category, then you can begin to understand how GLP-1s are currently sat with a unique opportunity to build consumer affinity through branding where other pharmaceuticals need only focus on perception within the industry.

To build this affinity, manufacturers must understand that GLP-1 users aren't passive patients, they're active CEOs of their own health, researching, comparing and making choices across legitimate and grey-market channels.

Brands must forge emotional connections around the lived experience of using their products: managing side effects; navigating social situations; rebuilding relationships with food. This requires moving beyond clinical authority to human understanding – through scientific social currency that empowers rather than intimidates.

Building brand advocacy

GLP-1s aren't a transaction – they're a multiyear relationship integrated into daily rituals, bathroom cabinets, kitchen routines and life milestones. Subsequently, the brand experience must extend far beyond the injection.

Brands need to provide education, a community, behaviour change support, side effect management, dietary adaptation and offer support after weight loss in order to turn customers into brand advocates for brand growth.

Advocacy and retention only come from considering the complete user journey, especially with something as personal and emotional as weight loss. The brand that ends up dominating the market will recognise that consumers are now building this weight loss journey across multiple categories and help them navigate the whole ecosystem.

The manufacturers that continue treating GLP-1s as products managed through clinical channels will lose not just to competing pharma brands but to the health, beauty, wellness brands building deeper connections around the GLP-1 experience.

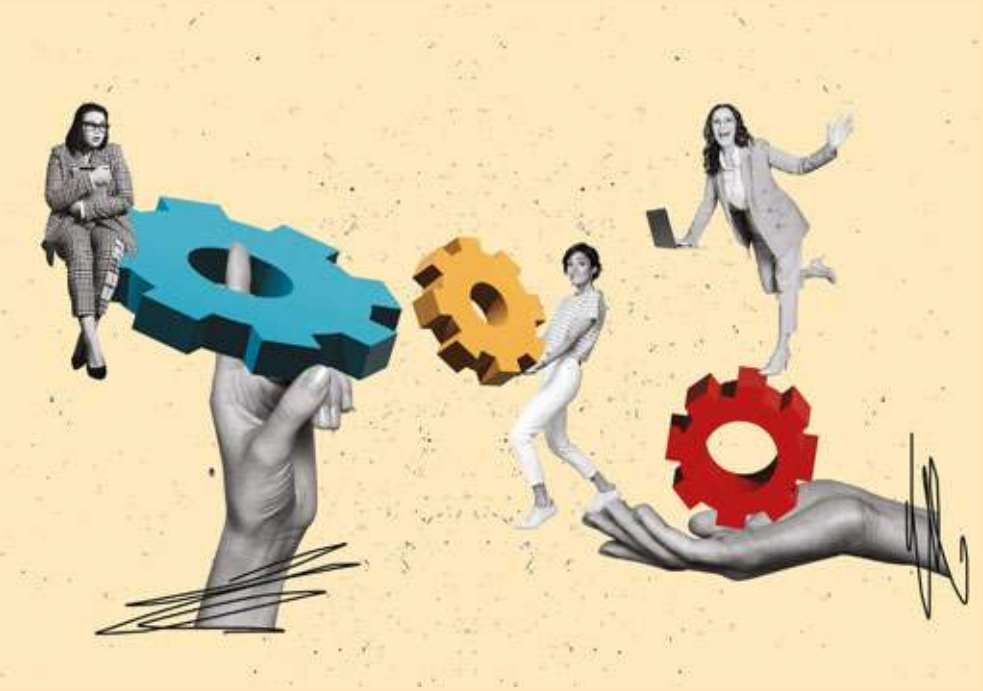
The winners will be the brands that embrace their role as category leaders across this convergence. These brands will be clear about their unique clinical value, connected to consumers' wellness experience and committed to the complete ecosystem through strategic partnerships or integrated offerings.

In a category where everyone eventually gets the molecule right, brand becomes the only sustainable advantage. And in a world where beauty, wellness and food brands are all competing for the same consumer, pharmaceutical brands must decide: be the brand that builds the category or become a commodity ingredient in someone else's ecosystem. ▲

Deborah Stafford-Watson, Head of Strategy at Elmwood

Vital cog

When the axe falls – why your next role depends on relationships you haven't built yet



I've watched too many brilliant executives discover the limits of their LinkedIn connections only after their role has been 'eliminated as part of a strategic reorganisation'.

The pattern is painfully familiar: twenty years of expertise; a CV that could wallpaper a boardroom and a network that exists primarily on paper.

The numbers tell a sobering story. After shedding 14,010 jobs in 2024, the biopharma industry surpassed 13,000 layoffs by July 2025 alone, according to PharmaVoice. That represents a 31% year-over-year increase at the halfway mark. And the tide has continued to rise.

September brought Novo Nordisk's announcement that it would cut 9,000 positions globally. New CEO Mike Doustdar framed it as necessary evolution in a "more competitive and consumer-driven" market. For the thousands affected, the rationale matters less than the reality: even the most successful companies are restructuring at pace.

Here in the UK, the picture grows more complex. When MSD cancelled its £1 billion London Discovery Centre in September 2025, the company's statement was unsparing about successive governments failing to address "the lack of investment in the life sciences industry." Eight hundred planned jobs evaporated. The message, as one MP put it bluntly in Parliament, was that the UK is "not internationally competitive."

Against this backdrop, the traditional career playbook feels increasingly inadequate. Keep your head down. Excel at your role. Wait for recognition. These strategies assume stability that no longer exists.

Yet here's what the research consistently reveals: when restructuring hits, relationships matter more than credentials. A May 2025 survey of 1,000 workers by MyPerfectResume found that 54% landed their current role through a personal or professional connection. Connections outperformed job boards, recruiters and staffing firms combined.

The same study uncovered something troubling: 21% of workers have never asked anyone for a referral. Nearly 60% only reach out to contacts a handful of times during an entire job search. We know relationships work. We just don't build them until desperation forces our hand.

The gap between intention and action is substantial. Resume Now's 2025 research found that 70% of professionals believe their network matters more than their CV. Yet 42% have never sent a cold outreach message and have no plans to start. Fear of bothering someone, uncertainty about what to say, worries about being judged: these hesitations keep most professionals from the very activity they know works.

There's a particular irony for those of us in life sciences. We operate in an industry built on collaboration, that breakthroughs emerge from unexpected conversations between disciplines. We understand that innovation happens at intersections. Yet we treat our own career development as a solitary pursuit.

The executives I've seen navigate transitions most successfully share a common trait: they invested in relationships long before they needed them. They attended industry events not to collect business cards but to have genuine conversations. They stayed connected with former colleagues not for transactional purposes but from authentic interest. They built communities rather than contact lists.

This isn't about becoming someone you're not. It's about recognising that the relationships formed during stable times become essential infrastructure during volatile ones. The mentor that helped you think through a challenging project. The peer that understands your sector's nuances. The founder you met at a conference that shifted your thinking.

If you're reading this while employed and reasonably secure, consider this your prompt. Identify 15 people from your career whose work you genuinely respect. Reach out not because you need something, but because maintaining connection has inherent value. A brief message. A coffee. A genuine question about their current challenges.

The restructuring wave shows no signs of receding. Patent cliffs loom. Regulatory landscapes shift. Companies will continue to 'streamline operations' and 'reallocate resources.' Your expertise remains valuable. But expertise alone has never been sufficient.

The relationships that transform professional journeys rarely begin with a sales pitch. They start with curiosity, generosity and the willingness to invest in others before the investment becomes urgent.

Build the connections now. Your future self will thank you. ▲

Paula Bekinschtein is a commercial advisor at NED

Predicting the present

What's topping pharma's strategic agenda for 2026?

It's common to start a new year with bold ambitions, but where is the industry really setting its sights for the year ahead, have organisations pitched their plans appropriately for this fast-changing market, and how much of the agenda is – and should be – AI-oriented?

Looking across late-stage pharma R&D, three dominant themes emerge for 2026. These reflect a maturing AI landscape, regulatory pressures driving digital transformation and fundamental shifts in how life sciences organisations must organise work and data.

These themes come together, or ought to, in the context of providing a better experience for patients.

Beyond pilots

After more than 18 months of experimentation, there is a growing consensus that 2026 will mark the transition from AI proofs of concept (PoCs) to enterprise-scale implementation.

"I am already fairly impressed with the wide scope of pilots for AI in life sciences," comments Frits Stulp, a partner for life sciences at Implement Consulting Group, predicting that 2026 will see more of the results come to fruition.

"Our industry offers considerable scope for automation – not just of administrative tasks, but also in the area of research as well as regulatory submission preparations, where we are now seeing the first results," he says. "We're now able to address some of the historical concerns, to make approaches succeed where they have struggled before – for example, in structured content authoring."

Jason Bryant, AI lead at ArisGlobal, agrees that 2026 will be a turning point for the technology's uptake, as AI enters "its enterprise phase" – a recognisable milestone in the adoption curve.

"2026 will be a consolidation year," he says. "The big swing of 'agentic AI' is behind us; that was the big theme of 2025. Success will now come from integration, governance and delivery."

For Bryant, AI "orchestration" is the new differentiator for companies looking to truly drive transformation of the work their teams do.

"The challenge now moves beyond single models [trained software programs that learn patterns from large datasets to make predictions, decisions, or generate content for specific tasks], to connecting models, data and systems across domains and participants," he explains.

This requires a control layer, he notes, "to coordinate generative AI (GenAI), agentic AI, and deterministic logic – as a means to reduce complexity and unify domains."

So, what specific actions might that translate to for the year ahead?

For Bryant, the key is maintaining momentum. Specifically, he advocates thinking in terms of the overarching platform rather than discrete AI tools; and "an architecture that allows for agentic AI, connecting beyond the organisation's walls."

This will also help determine how organisations foster trust in AI's output, and keep within regulatory comfort zones (there are numerous prerequisites in GxP, he notes).

The Think Tank

For John Cogan, chief operating officer at Qinecsa Solutions, which specialises in pharmacovigilance optimisation, a big priority around AI must be to nail the technology's return on investment.

"The real impact of AI, determining that use cases will bring actual ROI, is key now – so we can get away from the smoke and mirrors," he says. "We have had 18 months of hype and PoCs; now it's time to do the maths."

One opportunity for AI to add next-level value in drug safety is in enabling predictive pharmacovigilance.

'The big swing of 'agentic AI' is behind us; that was the big theme of 2025. Success will now come from integration, governance and delivery'

Lucinda Smith, ArisGlobal's chief safety product officer, believes this will be a big theme in 2026, as well as the use of AI to support early signal detection through use of advanced analytics, AI and RDE (insights/evidence generated from real-world data using analytics or AI/machine learning), as well as integrating data from electronic health records, wearables etc.

"This will be a big step forward for PV and for patients – but will also take a significant effort to deliver," she says.

Among the challenges that departments face is sourcing the right technology skills, building AI literacy and honing governance around AI.

"Typically, PV departments are very experienced in governance and oversight, but in the era of AI the way they achieve that has to evolve; increasingly team members will need a balance of both PV and AI skills."

For Jean Redmond, chief operating officer at Biologit, which specialises in AI-powered literature monitoring platform for drug safety surveillance, regulators have a significant role to play in guiding pharma companies in their adaptation to using AI.

"2025 saw interesting draft guidance being released and initial AI programmes being adopted by regulators," she notes. "I believe that in 2026 regulatory authorities will drive further frameworks, guidance and expectations for the compliant use of AI that will give organisations the confidence to move from pilot projects into production."

Gaining the advantage

The proliferation of point solutions (RIM, PLM, QMS, workflow tools) has created integration challenges for many pharma organisations.

In 2026, orchestrating work across systems, functions and data sources, rather than optimising individual tools, is likely to become not only a priority but also a means to sharpening a company's competitive edge.

Megha Sinha, managing partner and CEO at Kamet Consulting Group, which advises on advanced product life cycle management spanning multiple functions, believes bringing down departmental divides will be a major theme over the next 12 months.

"In my part of the market, I think the dominant strategic theme for 2026 will be orchestration of work across functions and platforms."

She explains, "Life sciences companies now have plenty of point solutions, but the real struggle is how work actually flows between them. The differentiator will be the ability to see the end-to-end work 'graph' (products, SKUs, markets, tasks, owners); apply consistent, codified business rules; and coordinate execution across regulatory, manufacturing, quality, supply and commercial."

She points to orchestrated life-cycle change as an example.

"Instead of treating a rebrand, site transfer or marketing authorisation holder change as dozens of disconnected projects, organisations will need a single orchestration layer that sequences tasks, manages dependencies and continuously replans as constraints change."

For Sinha, AI as a technology lever is not the primary theme.

"AI is critical, but its real value is as an engine within a work-orchestration fabric," she clarifies, "not as yet another standalone tool or dashboard."

Biologit's Redmond echoes the point about overcoming departmental divides.

"My biggest hope for 2026 is that life sciences organisations embrace stronger cross-functional collaboration," she says. "Too often, challenges in areas like safety, operations or technology are approached in silos, slowing progress and limiting impact. If teams across PV, regulatory, medical, data and engineering worked together from the start – sharing goals, data and ownership – problems would be solved sooner."

Where companies move towards greater inter-department fluidity, there could be new opportunities to review how certain workloads are managed, according to Qinecsa's Cogan.

He would like to see life sciences organisations in general, and in a PV context in particular, "stand back from their global end-to-end operating models, and do a full reanalysis on how their operations need to look beyond 2030," he says. "That includes which processes and capabilities they should have (or bring back) in-house and which capabilities they will continue to rely on services partners for."

For many companies, this is likely to present a significant organisational challenge however – one that extends beyond technology implementation.

Achieving true cross-functional orchestration will mean breaking down entrenched structural silos, which could prove more difficult than the technical integration itself.

Data with destiny

Irrespective of the organisational considerations, the way companies handle data will have a significant bearing on interdepartmental fluidity and process agility.

It is here that regulatory operations greatest opportunity, and challenge, reemerges.

Although the roads to all of this are already well travelled, there are signs that structured data may now truly evolve from a compliance requirement to strategic infrastructure – driven by EMA's Network Data Strategy; agreed specifications under IDMP and SPOR; and the reality that AI/automation capabilities depend on high-quality, interoperable data foundations.

Remco Munnik, founder at Arcana Life Sciences Consulting, explains: "The strategic priority in regulatory operations in 2026 will be the full-scale implementation of structured data across regulatory and interconnected functions."

Equally important, and often underestimated, he says, is the EU Network's evolving direction.

"PMS is set to become the central source of product data across both the entire product lifecycle and the full regulatory network," he notes. "In practice, this means the scope will expand beyond authorised medicinal products to include investigational products under evaluation and for the entire EU Network.

"All NCAs will be required to align and map their product data to PMS, establishing a unified, interoperable foundation for regulatory operations across Europe. Industry, in turn, must not only map its data but also enrich it, ensuring completeness, accuracy and readiness for structured exchange across the product lifecycle."

Renato Rjavec, senior director of regulatory product management at ArisGlobal, concurs.

"The biggest theme for regulatory affairs going forwards will be associated with the realisation that strategic investment in digitisation has become an inevitable prerequisite for successful regulatory operations," he says. "The accelerated pace of evolving regulatory requirements in the area of electronic submissions; electronic exchange of product data; and electronic labelling will leave behind anyone who has not observed the trends."

Remco agrees that AI is not a 'tech-first' opportunity or challenge.

"It's a 'people and process' story – where the real bottlenecks are cultural, not computational," he suggests. "The technical standards exist; organisational readiness and data quality remain the primary barriers."

Prioritising patients

It is hoped that the life sciences industry will renew its commitment to patients in 2026, putting them at the centre of all of their strategic plans. Michelle Bridenbaker, chief operating officer at Unbiased Science, says: "In 2026, we need to further transform the way we engage with and reach our time-poor target audiences."

"Whether it is for disease-state awareness or to ensure that patients use medications correctly, we are still struggling in the attention economy in Medical Affairs. We have made significant progress over the last five years, but there is still so much to be done within the sea of mis- and disinformation, the explosion of social media and, now, large language models," Michelle adds.

She concludes: "We need to find ways to operate compliantly in the right social media channels, update our codes of practice and other legal/compliance barriers to define a robust framework." ▲

Sue Tabbitt is a senior writer at Sarum Life Science

Formation changes

Who, where and when? Redrawing your NHS stakeholder map for 2026

The number one question pharma asks us at HSJ Information at the moment is: has the NHS stakeholder map changed?

We understand why. Knowledge of your client networks, and of course reliable, up-to-date NHS contact data is the bloodline of any successful UK pharma business. It feeds all revenue generating activity, customer engagement, relationship building and detailed customer analysis and reporting.

Yet many organisations underestimate just how quickly this data is going out of date in the current landscape. We use the term 'data decay' – and it's fair to say the NHS is currently in a high-risk place for it.

People are changing roles. Organisations are restructuring. And physical and digital locations are evolving.

What we are seeing now is not simply another NHS reorganisation, but a fundamental shift in how power, influence and accountability are expressed across the system.

The old certainties – clearly defined commissioning routes, stable senior roles and predictable lines between clinical leadership and financial control – have largely gone.

In their place is a more fluid, negotiated environment, where decisions about pathways and medicines are shaped over time, across multiple forums and often outside formal governance structures.

For pharma sales teams, this represents a significant change in operating reality. Access used to mean identifying the right organisation; now it's more about understanding where influence truly sits at a given moment, who is shaping clinical consensus and who ultimately controls spend.

Increasingly, budget holders, senior clinicians and medicines optimisation leads are required to balance local priorities against system-wide financial pressures, often revisiting decisions that would previously have been considered settled.

This complexity creates both risk and opportunity. The risk is obvious: outdated assumptions about stakeholders; reliance on legacy contact data, and missed signals about emerging decision-makers can slow progress or derail carefully planned account strategies.

The opportunity lies with organisations that can see change early, adapt quickly and maintain a current, nuanced view of the NHS landscape as it actually operates.

In this environment, accurate, timely stakeholder intelligence becomes a commercial differentiator. Sales effectiveness can't just depend on strong products and compelling value propositions, but on the ability to engage the right people at the right time with a clear understanding of how decisions are really being made.

The fast-paced change within the NHS, and another period of confusing, unbalanced and inconsistent restructure, presents a huge risk to business performance. Who are the new budget holders? Who is involved in the decision-making processes? Who are the key influencers pertaining to your products and therapy areas that you operate in?

Expect next

Over the next two years, ongoing political battles and financial constraint is expected to drive further change in how medicines are evaluated, prioritised and funded.

While we wait for the outcome of the proposed single national formulary, ICBs are likely to continue consolidating decision-making around medicines optimisation, formulary management and pathway redesign, with greater scrutiny of value, outcomes and system-wide impact.

'Access used to mean identifying the right organisation, now it's more about understanding where influence truly sits'

This will place increased influence in the hands of interim pharmaceutical committees, prescribing leads and senior clinicians operating at system or collaborative level. Even if the SNF does happen, there will still be local market access variations and figures to influence on usage.

And turnover in commissioning, medicines optimisation and senior clinical roles remain high, increasing the risk of lost relationships and outdated stakeholder intelligence. Decision-making is also shifting earlier in the pathway, with more emphasis on clinical consensus and system-wide alignment.

For sales teams, this means success will depend on knowing who the real decision-makers and budget holders are today – not who they were six or twelve months ago – and understanding how local processes operate in practice.

So, understanding NHS change: who is in charge; what they are in charge of, and when responsibility will change, is critical. Contact data is a constantly evolving beast – but how do you monitor and maintain it on an ongoing basis and feel confident that you are prepared for any future structural changes?

Data day

Taking on this responsibility yourself is possible but the internal cost of doing this is often under-estimated. You need consistent and proactive process to ensure data integrity and compliance are maintained and ROI is optimised. Who is doing the research and how? What reliable sources and methodologies are you using?

An NHS restructure often means commensurate changes in your CRM systems and software. Hierarchies and their associated links and affiliates change, new roles need to be captured and critically old data needs to be removed.

All that takes time, effort and dedicated resource.

Party people

The external cost of using a third-party provider needs to be considered and budgeted for, but the pros far outweigh the cons when it comes to contact data management.

A third-party provider brings contact data expertise and knowledge to the table, with established processes and data protocols that cover change management and ensure compliance.

Methodologies and sources are tried and tested to deliver accurate and comprehensive coverage of your target audiences. Data integrity is maintained and your ROI far more likely to be optimised.

Below we look at five reasons why accurate and up-to-date customer data is a must.

Why invest in contact data?

Investing in accurate and comprehensive contact data is essential for:

1. Stronger sales performance – Your time should be spent talking to the right people, not chasing those that have left, changed roles or moved to a different physical or digital location. Quality data sharpens targeting, boosts efficiency and shortens sales cycles.
2. More effective marketing campaigns – Up-to-date data improves segmentation, personalisation and deliverability. Campaigns hit the right people and engagement increases. Poor data can damage sender reputation and waste money and resource.
3. Better customer experience – When your internal systems contain up-to-date roles, responsibilities and contact preferences, your interactions can be more relevant and timelier. Good data builds trust, bad data creates friction.
4. Reliable reporting & forecasting – Businesses make decisions based on the information in your CRM. If data is inaccurate, forecasts skew and strategy planning suffers. High quality data ensures a clear and reliable picture of your pipeline and performance.
5. Stronger compliance – With regulations such as GDPR, PECR and other data privacy standards, maintaining accurate and compliant contact information is a legal obligation. Quality data reduces compliance risk and strengthens governance.

Saving on data costs in the short-term will hit you harder financially down the line.

So, my final thought: don't let your contact data decay. Invest now for a stakeholder map that shows the NHS as it is, not how it was; even if this means it may not look how you want it to look... ▲

Oli Hudson is Content Director at HSJ Information

Sharp focus

The inescapable rise of digital healthcare – shaping a new type of patient experience

For a growing number of patients, the first interaction with healthcare no longer happens in a waiting room, GP surgery or pharmacy aisle. It happens on a smartphone.

From ordering repeat prescriptions and managing long-term conditions to accessing men's health services, online pharmacies and digital-first care providers are increasingly becoming the front door to care.

What began as a convenience play has evolved into something more consequential: a shift in where trust is built; how information is consumed, and how patients understand and manage their health.

Chronic disease continues to place sustained pressure on health systems worldwide, accounting for around 74% of all global deaths. To address the burden this puts on traditional services, digital solutions have expanded rapidly.

In the UK alone, the NHS App now has more than 39 million registered users, with millions of prescriptions ordered digitally each month. For many patients, digital interaction is no longer an alternative pathway, it is becoming the default.

As pharmacy and care providers adopt Amazon-like services that drive expectations of speed and convenience, the stakes are fundamentally different. Patient engagement and access to clear, timely information have become critical.

In healthcare, gaps in understanding can quickly translate into clinical consequences, not just customer dissatisfaction, placing new pressure on providers to deliver immediate, personalised and educative content at scale.

Digital-first demands

Digital-first patient experience is often reduced to ease: fewer steps; faster access, smoother journeys. But in healthcare, experience is inseparable from confidence, comprehension and continuity.

Ordering a prescription may feel transactional, but managing a chronic condition is not. The rapid uptake of GLP-1 treatments via online clinics and pharmacies has taken this dynamic to new levels, accelerating how quickly patients move from access to ongoing care needs.

Patients starting GLP-1 therapies often move quickly beyond the moment of prescription into questions about side effects, dose escalation, nutrition and long-term outcomes, often seeking answers beyond traditional clinical settings.

The same is increasingly true in men's health. Online pathways for erectile dysfunction, testosterone deficiency, hair loss and mental health are often a first step for men who might otherwise avoid care altogether.

Digital anonymity lowers the barrier to entry, helping patients bypass stigma and embarrassment that still exist in face-to-face settings.

As more care journeys are compressed into digital environments, the responsibility placed on communication increases. The fewer human touchpoints a patient has, the more weight every message carries.

What is explained, what is omitted and how information is framed all become part of care delivery itself.

Patient trust

Trust has always mattered in healthcare, but digital-first services shape it in different ways.

When care is delivered in person, trust is reinforced through personal interaction, familiar settings and long-established institutions. In digital services, those cues are often missing.

Patients may never meet a clinician in person, so they rely much more on how clearly a service explains what it offers, who is responsible for care and how support is provided if something goes wrong.

> **'Digital-first patients expect dialogue, empathy and relevance in the moment of need'**

Put simply, patients need to know that there are qualified professionals behind the service, that appropriate checks are being made and that they can easily reach a real person if they have concerns.

Trust is built over time through clear, consistent and understandable communication, not through a single reassurance statement or badge.

Every interaction matters. From onboarding emails and in-app messages to FAQs, follow-ups and responses within online communities.

Together, these moments shape whether patients feel confident using a service and continuing their care through it.

New order

As online pharmacies and digital health platforms take on a greater role in chronic disease management, communications can no longer sit on the sidelines or rely on static, one-way formats.

Patients need to understand not only what they are taking, but why, for how long, what to expect and when to seek help. This is particularly important in fast-growing areas such as medicated weight loss, menopause and men's health, where demand has accelerated faster than shared understanding.

In Europe, nearly 60% of adults are now overweight or obese, fuelling demand for pharmacological weight-management options.

Digital-first services and peer-led online communities are increasingly filling this gap, often becoming a primary source of often unchecked and unregulated information.

In this context, content is not an add-on, it is a central aspect of clinical intervention. Education delivered at the right moment, in the right tone, through the right channel and voice can shape expectations, support adherence and reduce anxiety.

Done poorly, it leaves space for misinformation to take hold.

Careful navigation

Where official information feels insufficient, patients turn to each other. Online forums, Reddit threads, Facebook groups, TikTok and Discord communities have become important spaces for sharing lived experience, particularly around menopause, obesity and men's health.

However, these environments also come with blind spots. Anecdotal advice can overshadow evidence, rare side effects can be amplified, commercial influence may be poorly disclosed and there is often no clinical oversight.

The challenge is no longer whether patients will seek information in these spaces, but how responsibly the healthcare ecosystem shows up alongside them.

For pharma companies, providers and healthcare experts, digital-first care requires a shift in mindset. Traditional one-way communication models struggle to meet patients where they now are.

Digital-first patients expect dialogue, empathy and relevance in the moment of need.

Responsible engagement does not mean dominating conversations or blurring promotional boundaries. It means supporting credible voices, collaborating with trusted healthcare professionals, listening to patient concerns as they emerge and contributing evidence-based resources designed for social and community contexts.

Partnering with platforms and creators that already command trust and are relatable can help reach these thriving online communities who may never engage with traditional healthcare communications.

Redefining care

As digital-first pharmacy becomes embedded in chronic care pathways, the implications go well beyond delivery models or channels. They touch reputation, relevance and long-term trust.

Patient experience is no longer defined solely by outcomes or convenience, but by how supported, informed and confident patients feel as they navigate care over time.

For providers and pharma alike, this creates a clear opportunity: to move beyond static patient communications and build living systems of information and engagement that respond to real needs in real time.

The organisations best placed to succeed will be those that treat communication as part of care itself by investing in insight-led, human and responsive engagement that scales with demand.

In an always-on world, trust is built through usefulness and presence, and how you show up for patients is what ultimately sets you apart. ▲

Isabelle Scali is Head of Pharma at Brands2Life

We can be heroes

Catalyst for change – how steady advances in radiology are making big waves

In an era that therapeutic breakthroughs are redefining healthcare and moving beyond a one-size-fits-all model, the spotlight often falls on new treatments.

Yet, every effective therapy begins with an accurate diagnosis. Even if medical imaging may not always capture headlines, the steady stream of innovations in the field – along with multiple advances at different steps in the diagnostic journey – can change standards of care for specific patient groups and transform outcomes.

Diagnostic imaging is the cornerstone of interdisciplinary, patient-centred care. As we navigate the complexities of modern medicine, we must recognise and amplify the pivotal role of medical imaging in enabling early detection, precise diagnosis and personalised treatment strategies while at the same time focusing on ways to improve the standard of patient care.

Impact of imaging

Since the discovery of X-rays by the German scientist Wilhelm Conrad Röntgen 130 years ago, which heralded a new era of diagnostics, one of the foremost advantages of medical imaging has been its ability to detect diseases at an early stage, when treatment is most effective.

In my previous role in oncology, I witnessed firsthand how critical early and accurate diagnosis can be. With one in five people expected to be diagnosed with cancer in their lifetime, advances in medical imaging that better reflect the individual patient can enhance cancer detection and ultimately contribute to better outcomes.

This is especially true for breast cancer, the most common cancer in women. Each year, there are 2.3 million new cases and 685,000 deaths.

Widespread mammography use developed in the 1980s, leading to a drop in breast cancer deaths, and innovation in medical imaging continues to have a profound impact on diagnosis – when breast cancer is detected early and is in the localised stage, the five-year relative survival rate is 99%.

Mammography is the gold standard for screening, but mounting scientific evidence indicates that standard mammography is not sufficient for women with dense breast tissue. In addition to being a risk factor to develop breast cancer, breast density decreases the sensitivity of mammography for screening because dense tissue can mask tumours.

For women with dense breasts, supplemental screening options – including contrast-enhanced mammography and breast MRI – can identify lesions that otherwise might have been missed and, as a result, have been incorporated in European Society of Breast Imaging recommendations.

Another example highlighting the transformative role of medical imaging in the care pathway is prostate cancer, which is the most common cancer in men in the UK.

A recent study that was conducted by the Charité, one of the largest university hospitals in Europe, and supported by Bayer indicated that utilising MRI as the first diagnostic step in suspected prostate cancer can offer several advantages over the traditional biopsy-first approach.

A prebiopsy MRI can improve the detection of clinically significant tumours and spare men who do not show suspicious lesions on the scan from an unnecessary, uncomfortable biopsy and avoid potential associated complications.

Moreover, pre-biopsy MRI facilitates more precise, targeted biopsies in cases of clinically significant findings that require therapy while minimising the risk of over-treating indolent cancers.

Beyond detection, advanced medical imaging techniques play a crucial role in effective treatment planning. By providing increasingly detailed insights into the anatomy and pathology of patients, advanced imaging techniques enable healthcare providers to devise personalised treatment strategies tailored to each individual's unique needs.

> **'Diagnostic imaging is the cornerstone of interdisciplinary, patient-centred care'**

Medical imaging also allows for the continuous monitoring of disease progression and the assessment of therapy effectiveness, enabling healthcare providers to make informed adjustments to treatment plans and supporting patients in getting the most effective care possible.

Future-proofing

With the global population ageing and chronic diseases rising in prevalence, the number of advanced diagnostic imaging procedures performed worldwide continues to increase, reinforcing the importance of continuous innovation in the field.

This includes advances in technology as well as continued research and development of new contrast agents.

For the last three decades, gadolinium-based contrast agents (GBCAs) have been extensively used in MRI. Since their introduction in 1988, there have been more than 800 million administrations worldwide, with more than 60 million annually.

GBCAs used in MRI can help physicians distinguish cancerous tissue and facilitate diagnosis, staging and monitoring. However, continued research and innovation are needed. Since the introduction of the first MRI contrast agent more than 35 years ago, Bayer is continuing to drive innovation in this field.

Research and development in medical imaging can also address another rising challenge. The ever-increasing demand for advanced medical imaging, coupled with limited healthcare resources, is putting radiologists and their teams at risk of burn-out and diagnostic error.

That is driving the need for efficient, integrated technologies, requiring the creation of smarter workflows with contrast media injectors and digital innovation that ease the burden on healthcare staff while ensuring that high-quality care reaches more patients more efficiently.

Radiology clinics need tailored solutions to address the unique challenges they face.

Recognising the enormous potential in digital technologies including AI to address these obstacles, the industry is advancing offerings that bring together informatics, workflow solutions, services and contrast dose management to support radiologists in delivering the right dose at the right time without complicating workflow.

As radiology moves towards even greater connectivity and integration, technology can help to advance precision and efficiency.

Another area emerging in medical imaging is molecular imaging, a rapidly evolving field with the potential to create a new paradigm in disease diagnosis and management.

By visualising molecular and cellular processes in vivo, molecular imaging enables earlier detection and characterisation of diseases but also the monitoring of progression and treatment response.

Growing role

As medicine advances towards a more interdisciplinary and personalised approach to patient care, and as the demand on the medical imaging industry grows, innovation in medical imaging is even more critical to support diagnostic accuracy, improved patient standards and better treatment outcomes.

With the research and development that are underway, I firmly believe that the industry will develop even more advanced imaging techniques to facilitate disease detection, customise treatment plans for individual patients, effectively monitor their progress and alleviate the increasing workload faced by radiologists and their teams.

Nelson Ambrogio is President of Radiology at Bayer

■ Qureight, a techbio company advancing the understanding of lung and heart disease through application of its AI-powered CT imaging biomarkers and clinical data management platform in clinical trials, has announced the appointment of **Rebecca Simmons** as Chief Operating Officer.

Rebecca will be responsible for scaling the company's global business operations and leading sustainable growth initiatives, as Qureight drives increased adoption and integration of its AI-powered CT imaging biomarkers and clinical data management platform in clinical trials for lung and heart diseases.

She will play an instrumental role in driving operational excellence and supporting Qureight's scientific and technical functions.

With over 20 years of operational leadership experience, Rebecca was previously COO at quantum computing company Riverlane, where she successfully built and scaled the company's operations to support rapid growth from ten to 100 employees over five years.

Muhunthan Thillai MD, co-founder and CEO, Qureight, commented: "Rebecca's experience, expertise and people-centric leadership approach will be instrumental in supporting the team as we scale the company, accelerating our mission to advance the understanding of lung and heart disease."

Rebecca added: "Qureight's pioneering AI-powered CT imaging biomarkers and data management platform is enabling real insights to be drawn from complex and diverse health data to ultimately deliver real impact for patients."

■ Gifthealth has announced the appointment of **Jeremy Richardson** as its new Chief Commercial Officer (CCO).

Richardson brings nearly two decades of leadership experience in sales, marketing, trade and business development across some of the most respected organisations in healthcare.

Most recently, he served as Vice President of Strategy & Commercial Growth at Elevance Health.

Prior to Elevance Health, he spent a decade at Kroger Specialty Pharmacy, rising through the organisation to become Vice President of Sales, Marketing & Trade Relations.

Under his leadership, Kroger achieved consistent year-over-year revenue growth exceeding $4bn, launched new therapeutic divisions and successfully integrated into Elevance.

"Jeremy is known for his ability to architect and execute large-scale commercial strategies – uniting payer, provider and pharma relationships to drive sustainable growth," said Gifthealth CEO Chip Parkinson. "His deep expertise in specialty and infusion therapies, omnichannel marketing and trade relations will be instrumental as Gifthealth accelerates its partnerships with leading pharmaceutical manufacturers and expands patient access."

In his new role, Richardson will oversee all commercial strategy, new business development and marketing functions.

"Gifthealth is transforming patient access, unifying every step of the journey to deliver effortless experiences for manufacturers, patients and prescribers and accelerating speed to therapy," said Jeremy. "I am excited to lead the next phase of its growth across pharma partnerships, as well as its expanding specialty hub and digital pharmacy footprint."

Mover of the Month

■ **Ahmed Moussa** has been appointed as the new Sanofi Country Lead for the UK & Ireland, taking over from Rippon Ubhi.

In his new role, Ahmed will work as a key partner to Governments and health services to improve access to innovative medicines and vaccines for patients and the public.

He will also be looking to champion the UK life sciences sector and help return it to international competitiveness as an attractive location for inward investment.

Ahmed brings nearly 18 years of tenure at Sanofi, including spearheading global omnichannel transformation and contributing significantly to different commercial roles in the Greater Gulf region across diabetes, cardiovascular, oncology, specialty care and market access.

Ahmed said: "I'm truly honoured to be appointed to this role at a time of so many opportunities in the UK. The UK represents a unique healthcare landscape with distinctive challenges and remarkable potential, and I'm genuinely excited to be Sanofi's new voice here.

He added: "With the support of our talented and dynamic teams, I'm committed to championing innovation and advocating for all patients to have access to the best health solutions available."

■ NanoSyrinx, a synthetic biology company developing nanosyringes as a novel platform for targeted intracellular delivery of biologic therapeutics, has announced the appointment of **Thomas J Farrell** as Chief Executive Officer and Director.

Tom succeeds company founder Joe Healey, who will remain involved in the company, ensuring continuity and ongoing scientific leadership at NanoSyrinx as it enters a pivotal stage of development to deliver the future of intracellular medicine.

Tom brings over 25 years of biotherapeutics leadership, with extensive experience in building and scaling organisations from early-stage drug discovery through pivotal clinical trials.

He was the founding CEO of two NASDAQ-listed companies, successfully raised over $500 million in financing from private investors, strategic partners and public markets, and has been at the forefront of next-generation therapy development in the settings of oncology, immunology and monogenic diseases.

"Tom's exceptional track record in progressing therapies from concept to clinic, combined with his global perspective, will be invaluable as NanoSyrinx moves from platform development to establishing a robust clinical pipeline," said Edwin Moses, Chairman of the Board at NanoSyrinx.

NanoSyrinx is entering a pivotal stage as it transitions from platform development to building a differentiated pipeline of first-in-class nanosyringe-enabled biotherapeutics.

Its breakthrough nanosyringe technology enables the precise, direct delivery of protein therapeutics into the cytosol of target cells, overcoming a major challenge in in vivo intracellular drug delivery.

■ Blue Cell Therapeutics, a biotech developing 'off-the-shelf' allogeneic stem cell therapies for diseases where angiogenesis and nerve regeneration are beneficial, has announced the appointment of **Miguel Forte** to its Board of Directors.

Miguel is a highly regarded industry executive with more than two decades of operational and strategic leadership experience.

He currently serves as President and Chair of the Board of Directors at the International Society for Cell & Gene Therapy. His appointment to Blue Cell's board comes just two months after another leading executive, Olav Hellebø, joined as the company's chairman.

Søren P Sheikh, Chief Executive Officer of Blue Cell Therapeutics, said: "Miguel's deep scientific knowledge of cell therapy, combined with his extensive experience leading biotechs, gives him a rare business acumen that will be invaluable to Blue Cell Therapeutics."

Miguel is currently Chief Executive Officer of Kiji Therapeutics, which is developing off-the-shelf engineered cell therapies for inflammatory and autoimmune conditions. He also holds positions on the boards of Swarm Oncology, StemBond Technologies and Akatsuki Therapeutics.

Previously he served as Chief Executive Officer of Bone Therapeutics, where he led the publicly listed company through multiple capital raises and a successful M&A transaction.

Prior to that he was CEO of Zelluna Immunotherapy, where he established the company's structure, secured key financing, established its leadership team and launched its strategy to develop allogeneic cell and gene therapies targeting solid tumours.

■ Enhanced Genomics, the biotechnology company pioneering 3D multi-omics to rapidly identify high-confidence, genetically validated drug targets for common diseases, has announced that **Katerina Leftheris** has joined its board of directors.

Katerina's appointment as a director forms part of the company's ongoing strategy to expand its internal therapeutics pipeline for drug targets identified using its 3D multi-omics platform.

Most recently, Katerina was Chief Scientific Officer at a machine learning-based oral macrocycle drug development company, Vilya, and is on the board of directors and scientific advisory boards for several biotech companies focused on therapeutics development.

Bringing extensive experience, particularly in medicinal chemistry and drug discovery programmes, Katerina will support the executive team in driving development of Enhanced's internal therapeutics pipeline for drug targets identified using its 3D multi-omics platform, GenLink.

Dietrich A Stephan, Executive Chair, Enhanced Genomics, said: "I am thrilled to welcome Katerina as the newest member of our board. Her exceptional expertise in therapeutics discovery and clinical drug development will be an invaluable asset as we progress our ambitious plans to drive the next era of precision therapeutics development."

Katerina added: "Building on decades of genomics research, Enhanced's 3D multi-omics platform has the potential to define causal biology, enabling the identification of high-confidence, first-in-class therapeutic targets to drive the development of truly disease-modifying therapies."

Shape shifters

2026 life sciences trends – thriving in a converging, AI-driven industry

Life sciences begin 2026 in a familiar squeeze. R&D costs remain high, product life cycles are compressing and scrutiny is rising across markets.

Yet this year also brings renewed confidence, as organisations begin turning recent disruption into sustainable advantage.

AI is no longer confined to pilots. Supply chains are being redesigned around geopolitical reality. And the boundary between pharma, healthcare and technology is starting to look more like a shared border than a hard line.

Together, these shifts mean many organisations are rethinking not just what they invest in, but how they operate.

Enterprise AI is becoming a basic operating requirement across discovery, clinical development, manufacturing and commercial decision-making. Agentic AI and domain models are extending automation into workflows that once relied on manual coordination.

That scale changes the risk profile. Without strong controls, errors propagate quickly across interconnected systems. Leaders need to treat governance, model provenance, auditability and human oversight as the guard rails that enable speed, not barriers that slow it down.

Organisations that get this right are already seeing faster adoption and greater confidence in AI-driven decisions.

As AI becomes embedded, compliance moves from a final checkpoint to a design principle. The EU AI Act is raising expectations around transparency and accountability in high-stakes use cases.

In the US, the Inflation Reduction Act continues to reframe pricing, access and evidence strategy, with direct implications for portfolio planning. In Europe, the proposed Critical Medicines Act reflects a growing policy focus on supply security and local capability.

The practical response is not to build separate models for every market, but to assume divergence while standardising what can be standardised. Documentation, traceability and decision trails should be reusable assets, not bespoke work every time. This approach is helping organisations move with confidence rather than hesitation.

These regulatory and pricing shifts land just as patent cliffs and payer demands intensify. Defending value now depends on evidence as much as innovation. Market access needs earlier input into development plans, and medical, commercial and safety teams need a shared view of outcomes.

Here, analytics becomes a strategic discipline. Leaders can stress-test scenarios, prioritise investment and focus on programmes where differentiated evidence will matter most. Cost containment is not about spending less across the board.

It is about removing duplication so investment stays directed at the pipeline. In practice, this is freeing teams to focus on the assets with the greatest long-term potential.

People still matter

None of this works without the right skills. Automation has not closed the talent gap in clinical operations, regulatory affairs, quality or advanced analytics.

The organisations that move fastest are building AI literacy across functions so teams know when to trust an output, when to challenge it and how to escalate issues. The goal is not fewer people, but stronger teams equipped to do higher-value work. This investment in people is emerging as one of the most powerful differentiators in 2026.

The skills challenge is most visible in clinical development, which is evolving into a continuous evidence engine.

Real-world evidence, AI-assisted design and decentralised trial methodologies are compressing timelines and improving patient-centricity, provided interoperability and governance keep pace.

This year will reward leaders who treat AI, regulation, cost, resilience and talent as one connected agenda. ▲

Robin Curtis is a Strategic Advisor at SAS

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Guide

Engaging with Rare Oncology Research Consortia:
Forging Meaningful Relationships

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