

Take My Word For It: Can Patient-Centric Social Listening Enrich Real-World Evidence

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We will be answering the following questions:

- 1. What questions can Social Listening (SML) help answer?
- 2. How are SML studies conducted and where do AI and machine learning fit in?
- 3. When can SML make the most impact?





What questions can Social Listening (SML) help answer?





What is the value of Social RWD throughout the Clinical Pipeline?

- Understanding the Patient Journey
- Identifying Unmet Needs at each stage of the Patient Journey
- Evaluating Real-World Outcomes
- Building Enhanced Value Propositions
- Accelerated Drug Development and Achieving Market Success
- Pharmacovigilance







The Patient Journey can be viewed from a Patient-Centric View

Patient Pathway

Showcase the disease and treatment pathway from a Patient's POV. Using social we can map out the how patient manage a disease condition and what are the key touch points for them, which might be different from a clinical pathway with varying degree of importance.





Quality of Life impact can be viewed beyond the limitations of survey questions

QoL Impact

Understand the actual QoL impact of the disease on patients and accordingly map and update survey forms and questionnaires. To provide a 360 view into the impacts and their intensity while not restricting the insights around the survey questions.



Considering the nature of the disease, physical impact was the most discussed QoL impact

- MS left many patients physically disabled. Patients mentioned using a walker or a wheelchair and how this impacted their mobility.
- Fatigue and tiredness made them weak, they were unable to carry out household tasks properly. These symptoms were sometimes worsened by medication.
- Patients often voiced dissatisfaction with the US healthcare system, and some expressed concern about being unable to afford their medications.
- Patients and caregivers sometimes used social media to raise funds for themselves and the MS community.
- Many elements of MS had financial consequences for patients, not least of which was finding themselves unable to work.

United States | 1 Jan – 31 Dec 2019 | Forums, Twitter, Blogs, YouTube





SML can help us understand real-world outcomes beyond the clinical endpoints

Clinical End Points



Social media data helps understand the actual treatment endpoints that patients consider the most significant and help interpret the clinical endpoints in a more real-world setting, which can be in turn utilized to develop surveys and analysis clinical data better.

nts and Caregivers while discus y mentioned efficacy in genera	sing clinical endpoints I, without providing fur	with respect to treatment, rther details.	
	CLINICAL ENDPOINTS		
Efficacy In General 47%			
Reduced Symptoms 18%	Effectiveness of treatment was mostly mentioned in general terms, without providing much details. Some Drivers (much details)		
Relief From Muscle Spasm 12%	Many Patients advo providing relief fror		
No Progression 6%	Acupuncture also h Biologics such as Ocrevus	nelped manage spams in a few cases (<u>Link</u>). s was also found to be effective by some Patients.	ĥ.
Pain Relief 6%	A Patient had no new activ infusion, which she had ta	ivity in the brain and spinal cord after Ocrevus aken in an interval of six months (<u>Link</u>).	
No New Issues In Brain And Spine 6%	Low dose Naltrexone was symptoms for RRMS (L	also found to be effective in managing	
No Symptoms 6%	suicidal thoughts due t	Convo sphere	
In Periodic Remission 6%		Biologics and DMTs were me	entioned being used as 1st line of therapy.
		1 st Line 78%	There were not many discussions where the line of therapy for
			MS was clear. This could also be due to only ~30% of the analyzed Patient & Caregivers discussions had mentions of any
		2 nd Line 32%	treatment type. • A Patients mentioned getting treatment with biologics (Ocrevus)
			or DMTs as initial treatment.
		3 rd Line 0%	 A Patient mentioned starting with DMT as 1st line and then moving to Ocrevus (<u>Link</u>).



How are SML studies conducted and where do AI and machine learning fit in?







RWE from social data - Process

Social media Conversation/ Real world data Therapeutic area/Brand Key stakeholder conversations Key stakeholder conversations Therapeutic area/Brand

Derive patient experiencespatient journey, treatment experiences, perceptions, switching behaviour, unmet needs.

Insights into patient groups segregated by demographics (age, gender, etc.) need gaps, efficacy and risk profile of the drug based on real world experiences.





Methodology - Data collection & cleaning





Query development

Build comprehensive search queries based on Boolean logic and relevant business questions





Conducting desk research would be useful to identify relevant key terms associated with the therapeutic area



Variation of terms and abbreviations associated with the therapeutic area should be considered



Search queries should be comprehensive to collect the accurate and relevant data





Patient-Centric posts are identified through human analysis, machine learning and Al



Al module: Utilize AI in the data aggregator tool to identify relevant conversations as well as exclude irrelevant noise.



Keywords based data filtering: Deployed keywords indicating 1st person conversations and/or patient journey stages to identify potential patient-centric posts.

Manual review: Manually review a large sample of the data to identify relevant patient-centric conversations based on how they are describing the condition and talking about the disease.



Machine Learning & AI: Use human-coded posts for machine learning and AI to conduct analysis on large datasets.



RWE data analysis framework - Broad Level

convo**sphere**





Manual coding ensures accuracy and can also be used to train machine learning





Patient-Centric insights are developed from the findings

The coded data is reviewed by a team of analysts to derive quantitative and qualitative insights to highlight patients' journey and experiences with the condition and map the outputs from an RWE perspective.





The use of AI must undergo critical evaluation before implementation

Use Al to increase efficiency

- Support initial desk research
- Support Project Setup
- Improve accuracy of dataset
- Manage large datasets

Beware of the risks Al can present

- Lacks context
- Access limitations
- Can hallucinate
- Lacks TA, business or cultural nuance
- Needs human oversight & logic
- Unknown biases



When can SML make the most impact?





SML can be used at any stage of the pharma lifecycle



- Understand therapeutic areas
- Identify stakeholders
- Identify key channels
- Identify unmet needs
- Map KOLs online
- Identify & Profile KOIs
- RWE

- Identify key messaging
- Understand key topics and themes
- Uncover unmet needs by segment
- Identify opportunities to engage
 KOLs and KOIs
- Measure launch impact

- Identify adherence issues
- Refine and measure messaging
- Refine and measure campaigns
- Understand brand choice drivers by segment



SML for RWE can contextualise, connect and augment other data for a truly patient-centric view



Primary/secondary patient level data

How patients describe their interaction with their HCPs?

What (%) of patient's adherent to treatment and what is the time to treatment discontinuation?

What were the pain points of patients with respect to medication – cost and insurance?

Who are the active online segment in the disease area?

What are the treatment approaches/pathways being followed by patients?

What influences patient's decisions at each stage and how can brands intervene?

What are the patient characteristics based on mutation types and method used for the evaluation?

Social media conversations by key stakeholders, focused on patients (Patients, Caregivers, HCPs etc.) "I'm sorry I don't have any experience with this. I've had a break from Twitter. I'm struggling with a chronic condition and was in hospital on and off from September to end of December with every virus, bacteria and infection known."

"Hello, I am XXX, 54 years old. I was diagnosed with breast cancer, which immediately metastasized her2+, RH+ last April. Right carcinoma with axillary nodes, hepathic lesions, nodules and pleuropulmonary micronodules with effusion