

White Paper

In pursuit of Disease Area Leadership

The strategic imperative for innovators to thrive in an unforgiving environment

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Introduction

We are living in a golden era for biopharmaceutical innovation as extraordinary scientific advances yield ever greater sophistication and precision in pharmacotherapeutic interventions, with the potential to transform patients' lives.

At the same time, innovators face an increasingly unforgiving environment, including crowded therapy areas, with intensifying competition and compressed asset lifecycle, more demanding stakeholders and systemic barriers to the adoption of innovation.

For example, in 2000, fewer than one in five druggable targets had more than five candidates in development against them. By 2020, that figure had grown to more than two-thirds.¹ This "pipeline herding" dramatically increases pressure along innovators' entire value chain, from competition for patients, investigators and trial sites during clinical development, to competition for market access and the attention of HCPs once new therapies get ready to enter the market.

Generational change across most health systems elevates a cohort of digital natives as key decision makers, who naturally embrace technology to address their information needs, with very different expectations for the timeliness, relevance and personalisation of content. Meanwhile, pharmaceutical companies' traditional influence is eroded by the exponential growth of healthcare data and ever more advanced analytical tools, especially AI, that empower stakeholders, including providers, payers and patients.

Furthermore, innovation is moving faster than healthcare systems' ability to adopt new therapies, financially and especially operationally, with patients ultimately losing out. For example, capacity constraints, including shortages of skilled staff or suitable facilities for delivering specialised therapies, combined with mis-aligned or unprepared care pathways prevent the effective adoption of cutting-edge treatments.

Against this challenging backdrop, simply participating in the healthcare ecosystem is not enough to find enduring success as an innovator. Instead, it demands Disease Area Leadership.

In this white paper, we will discuss Disease Area Leadership as a strategic imperative, provide a framework that defines its dimensions, illustrated through practical examples, and elaborate on organisational implications for achieving it.

Simply participating in the healthcare ecosystem is not enough to find enduring success as an innovator. Instead, it demands Disease Area Leadership.



The strategic imperative for Disease Area Leadership

Disease Area Leadership — the long-term, strategic focus on and commitment to a disease area, with the ambition of being at the forefront of shaping clinical practice with breakthrough innovation and transforming care to redefine patient outcomes and experiences — is vital for innovators to achieve lasting success.



Differentiation: In crowded markets, Disease Area Leadership represents a source of differentiation and competitive advantage. Financially and operationally constrained health systems value innovators' long-term commitment to advancing patient care — a shared agenda that transcends a narrow focus on product innovation and short-term business priorities. Furthermore, an innovator's cumulative experience in one field translates into unmatched disease understanding, patient and customer insight, and therapeutic depth, which are difficult for competitors to replicate. In turn, this unique domain expertise enables a virtuous circle for even greater differentiation.



Relevance: Continuously reinforcing a commitment to be at the forefront of therapeutic innovation and care transformation ensures innovators stay relevant, even as healthcare stakeholders become more demanding and increasingly empowered. This provides the foundation for establishing deep, long-term stakeholder relationships and positions an innovator as trusted partner within the healthcare ecosystem.



Economies of scale and scope: Disease Area Leadership enables economies of scale and scope. For example, innovators can realise synergies from prescriber overlap when promoting a portfolio to the same HCP specialties, while benefiting from a 'halo' based on entrenched relationships, well-established credibility and strong brand equity. Synergies also apply to evidence and insight generation within a disease area, e.g., leveraging existing relationships with investigators or trial sites, re-use of RWD sets, registries, RWE, market research or disease maps. Moreover, a clear focus and sustained presence in one disease area propel a company up the organisational learning curve which enables efficiencies and agility, e.g., via optimised workflows and well-honed ways of working for faster decision making.



Organisational focus: Internally, Disease Area Leadership provides a singular, unifying vision around which to align the organisation, guided by a coherent, long-term strategy that has its foundation in major disease area trends, innovation dynamics and patient needs. This clear strategic focus facilitates resolution of conflicting priorities for joined-up decision-making and purposeful execution towards a common goal.

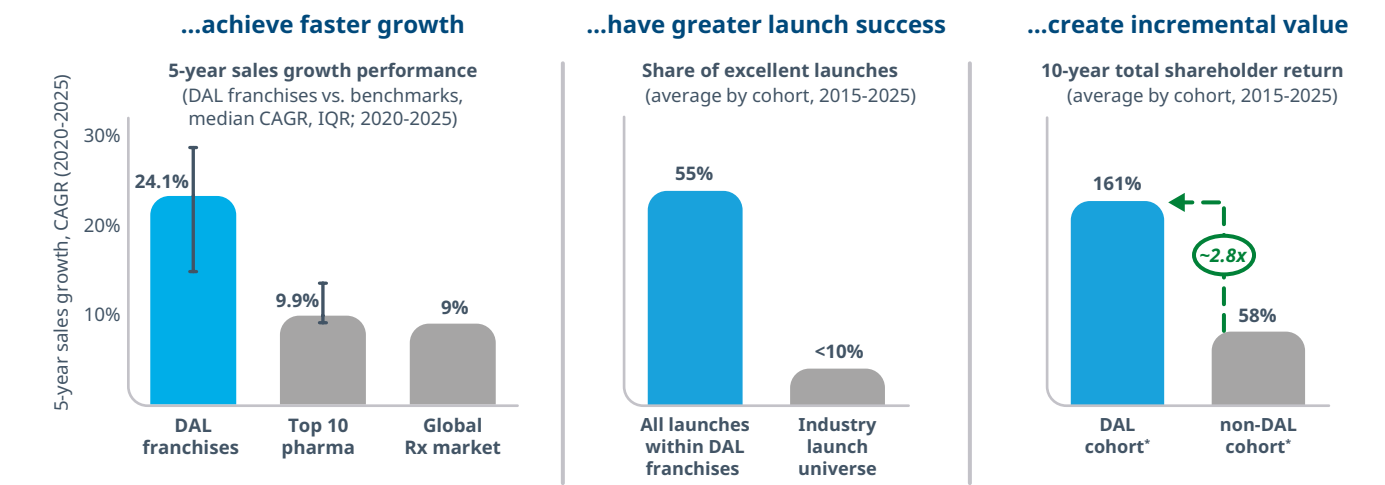
In this white paper, we define 'disease area' around a coherent set of patient needs related to a specific disease that represents the arena in which relevant players compete.

In most cases, disease area equals therapy area (TA). However, for very broad TAs like oncology, a meaningful disease area definition draws the boundaries at sub-TA level, e.g., haematology vs. solid tumours.

The competitive advantage derived from Disease Area Leadership translates into tangible value (see Figure 1).

Figure 1: Disease Area Leadership translates into out-performance

Disease Area Leaders...



Notes: DAL: Disease Area Leadership/Disease Area Leaders; IQR: Inter-Quartile Range; Franchise-level DAL criteria: Ranked #1 or #2 by value market share in given disease area; strong pipeline with multiple assets in disease area to sustain future franchise; successful therapeutic innovation track record in disease

*For TSR analysis: DAL franchises collectively must account for ≥55% of a given company's total revenue for company to be included in DAL cohort; incl. top 20 publicly-listed, innovative pharma universe; excludes Gx manufacturers; extreme outlier excluded

Disease Area Leaders deliver superior long-term performance on multiple dimensions:

 Faster growth	of the franchise(s) in which they established a leadership position, with median 5-year CAGR (2020-2025) of 24.1% for the cohort of Disease Area Leaders' franchises compared to a median of 9.9% for the top 10 pharma companies and 9% for the global prescription medicines market over the same time period.
 Greater launch success	with Disease Area Leadership being associated with a higher success rate of 55% for achieving launch excellence for products launched within a leader's core franchise(s). This compares to fewer than 10% of launches being excellent for the industry's entire universe of products launched over the past decade between 2015 and 2025, based on IQVIA's reputable Launch Excellence research. ²
 Incremental shareholder value	Among the top 20 publicly listed, innovative pharma companies, Disease Area Leaders outperform their peers in delivering higher shareholder returns. Those companies that achieved Disease Area Leadership in one or more of their key franchises generated a 2.8 times higher average 10-year total shareholder return (TSR) than the peer group. Of note, in this enterprise-level analysis a company's Disease Area Leadership franchise(s) collectively must account for ≥55% of total enterprise revenue for the whole company to be categorised as a Disease Area Leader.

Disease Area Leaders maintain their competitive edge by constantly scouting for trends to spot the next innovation horizon. Combined with an open mind that avoids organisational blind spots and nostalgia for current and past successes, these leaders seize the opportunity and continue to stay at the forefront of therapeutic innovation. This allows them to rejuvenate their portfolios for enduring success in the disease area, as they transition existing patients to their next-generation therapies while expanding into new patient populations.

We will now elaborate on the key elements that define Disease Area Leadership, subsequently brought to life through practical, real-world examples.

Defining Disease Area Leadership: A strategic framework

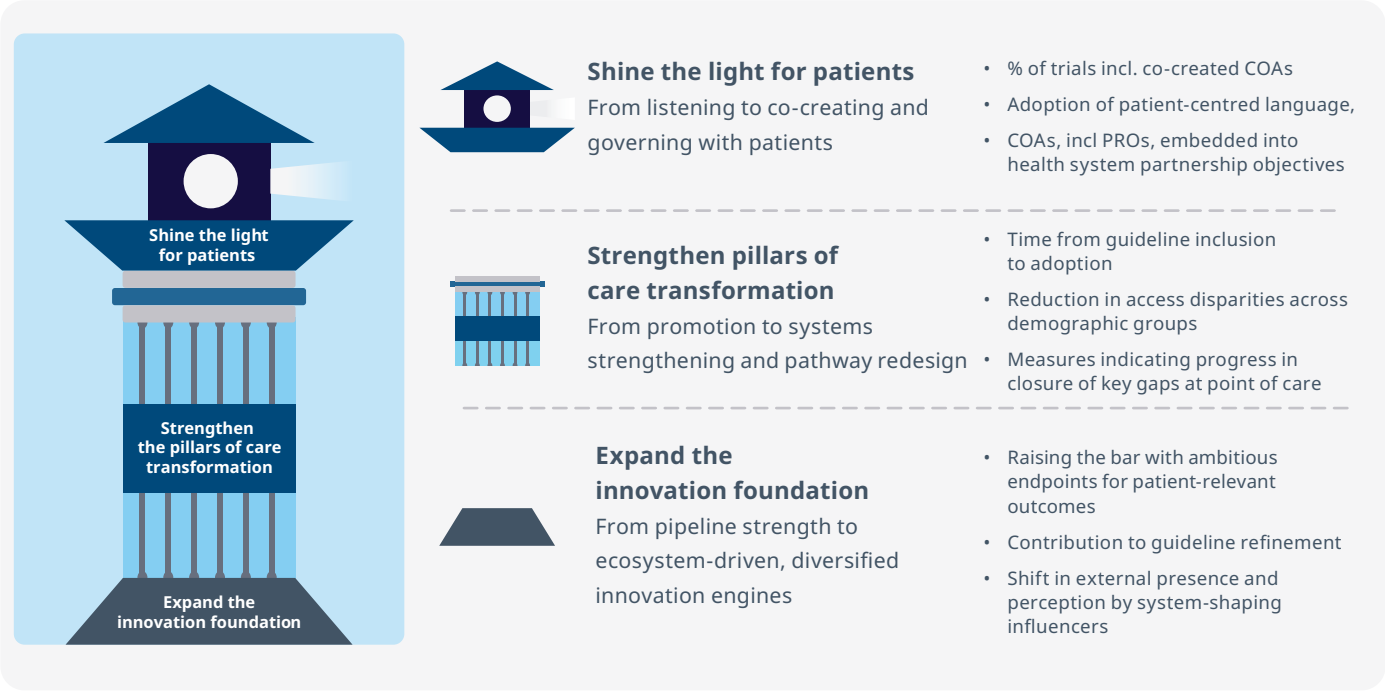
In simple business terms, Disease Area Leaders exhibit the following hallmarks:

A dominant market position, manifesting itself in being ranked as the #1 or #2 player in a given disease; clear portfolio focus on (a small number of) core disease area(s) identified as critical growth driver(s); concentrated investment and allocation of dedicated resources; and long-term commitment reflected in a strong, disease area-focused development pipeline and a successful track record in therapeutic innovation to sustain the critical franchise(s) via next-generation therapies.

However, underlying these business manifestations are strategic priorities that set true Disease Area Leaders apart from being an innovator who develops, manufactures and supplies novel medicines.

True Disease Area Leadership comprises three strategic imperatives (see Figure 2). Collectively, they underpin the beacon of leadership to guide purposeful innovation that delivers patient-relevant outcomes and agency and firmly embeds an innovator at the heart of the health ecosystem.

Figure 2: The light of leadership



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‘Shine the light for patients’: Being guided by patient needs as the omnipresent North Star is the ultimate hallmark of Disease Area Leadership. This means going from listening to active co-creation and collaborative governance for key decisions, e.g., co-developing clinical outcome assessments and incorporating the patient perspective and priorities into broader partnership objectives throughout the lifecycle.
- 2

‘Strengthen pillars of care transformation’: Developing new pharmacotherapies is not enough. Disease Area Leaders ensure innovation is rapidly adopted, reaching eligible patients through guideline concordant care. Innovators therefore focus on orchestrating health ecosystems and advancing care pathways to remove access and adoption barriers to innovation, and close gaps at the point of care to enable equitable patient benefits. Ongoing investment in evidence generation is a key enabler for delivering on this ambition.

3

‘Expand the innovation foundation’: Cutting-edge, patient-relevant innovation is a foundational prerequisite for achieving Disease Area Leadership. It requires innovators to build a diversified, ecosystem-driven innovation engine to push boundaries, e.g., raising the bar with ambitious patient-relevant endpoints, pursuing new biological targets and/or novel modalities that redefine patient expectations and transform the standard of care, while being recognised as innovation leader by key stakeholders across the health ecosystem.

Importantly, Disease Area Leadership must be understood in its totality, across both hard business metrics, such as dominant market share and pipeline strength, and delivering on the leadership imperatives defined by these strategic pillars. Collectively, these dimensions reinforce each other and create long-term differentiation that is widely recognised, and valued, across the health ecosystem.



Disease Area Leadership priorities along the asset life cycle

The imperatives of Disease Area Leadership translate into a set of specific priorities for innovators at different points in the asset life cycle.

I. SHINE THE LIGHT FOR PATIENTS

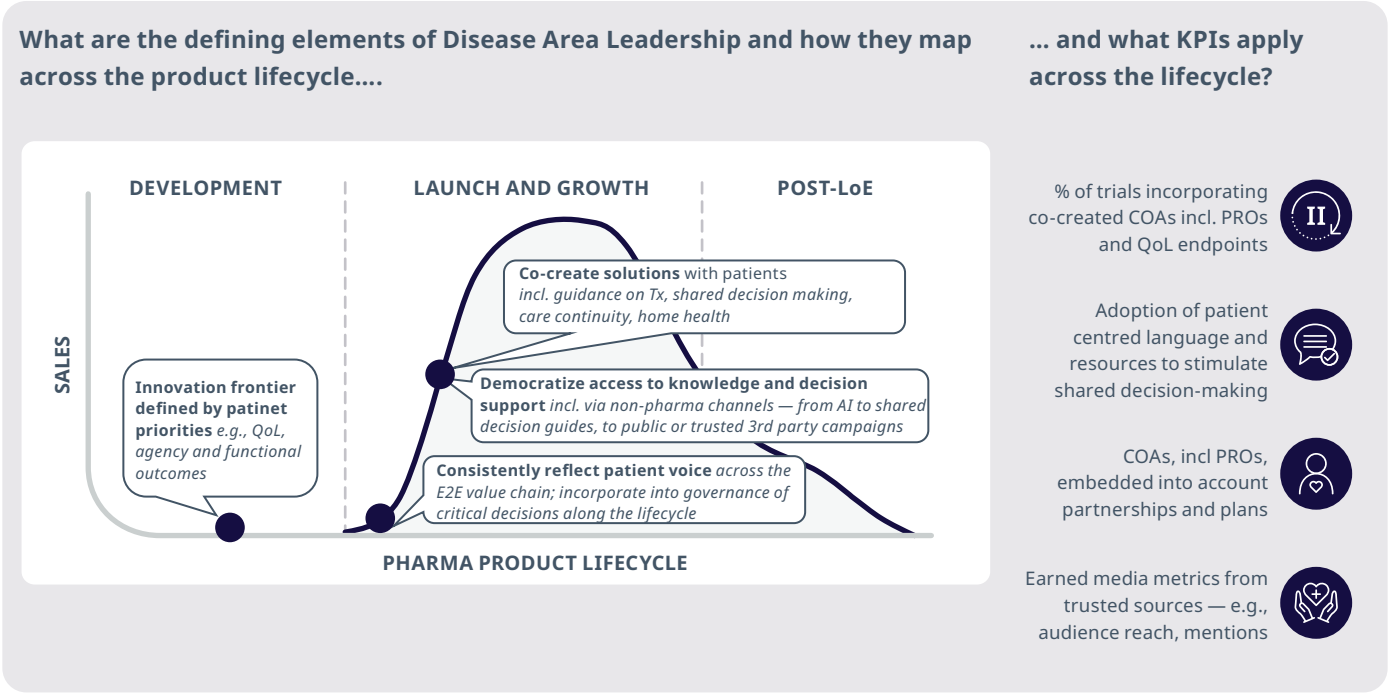
At the research and development stage, shining the light for patients means defining innovation in terms of patient priorities, including quality of life, agency, and functional outcomes. Such patient-centred development bridges the gap between typical clinical endpoints and patient realities.

The importance of establishing patient-centred value and collaborating with patients towards this aim is broadly recognized and even expected by regulatory authorities and payers today.^{3,4} However, even though company frameworks for patient engagement exist in abundance, there is significant variance in the extent to which patient-centred innovation is institutionalised throughout the value chain, and across the portfolio. Designing for patients starts with needs-identification, and progresses through study design and prioritisation, trial experience, commercialization, and late lifecycle governance.

Today, there are endless opportunities to broaden (digital) data collection and create more frictionless trial experiences, and leaders must prioritise what will bring distinctive value in their disease area. Early signals suggest some put in place mechanisms and measures to embed a patient-centred ethos deeper into product innovation cycles and governance, moving beyond single events or “big podium” dialogue with patients.⁵⁻⁷

Specifically, for the on-market phase, the patient voice must consistently guide solutions for optimal application of treatment guidelines, shared decision-making, care continuity, and at-home health. Throughout, Disease Area Leaders ensure democratised access to knowledge and decision support, e.g., via non-pharma channels spanning AI tools, shared-decision guides, public and trusted third-party campaigns. An interesting case in point is ViiV, consistently ranked highly among patient advocates.⁸ Given the significance of HIV related stigma, ViiV has prioritised a discrete focus on sharing lived experiences through virtual reality immersion with the objective “to put providers in the shoes of people living with HIV” on top of a more traditional commitment to community-led advocacy, public policy engagement, and guideline inclusion of sub-populations⁹ (see Figure 3).

Figure 3: Shining the light for patients



Example measures of success include % of trials incorporating co-created COAs, including PROs and quality-of-life endpoints; adoption of patient-centred language and resources that stimulate shared decision-making; COAs and PROs embedded into strategic account partnerships and plans; and earned media metrics from trusted sources, e.g., audience reach, mentions, and similar signals.

II. STRENGTHEN PILLARS OF CARE TRANSFORMATION

With its focus on timely, equitable adoption of innovation, strengthening pillars of care transformation begins with equipping policy makers and systems to address burden of disease by optimising access, adoption, and continuity of care for eligible patients, including adequate diagnostic and treatment capacity, streamlined referral pathways and the adoption of relevant protocols and guidelines. For example, one company pioneering a new treatment modality in oncology have spearheaded multi-stakeholder efforts with the ambition to ready healthcare systems for radioligand therapy (RLT), ranging from policy to infrastructure to the advancement of consistent measurement systems.¹⁰

Post-launch, Disease Area Leaders demonstrate relentless commitment to continuous improvement in the implementation of guideline-concordant care in an increasingly data-driven and complex treatment environment.

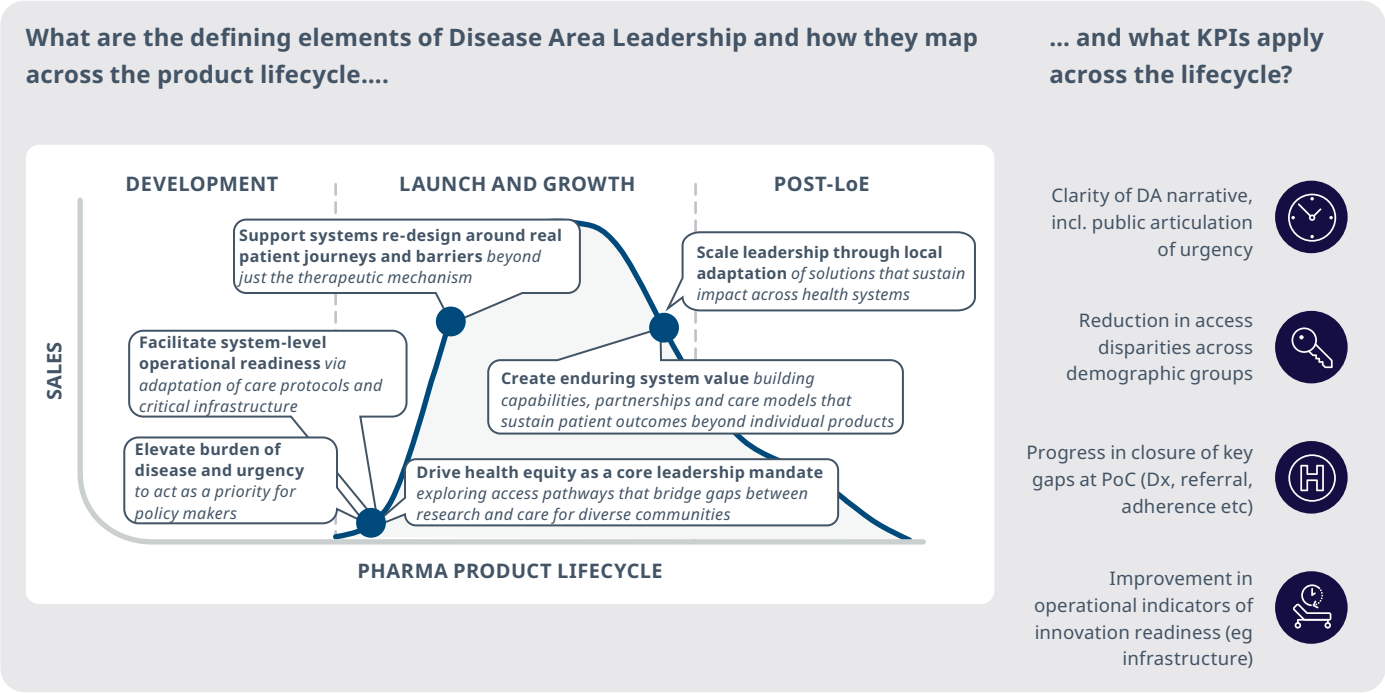
This requires ongoing focus on exposing and addressing care gaps, ranging from lean, non-interventional studies and benchmarking variations in clinical practice to partnering for the adoption of digital health tools and patient support programmes.

For example, AstraZeneca’s efforts to disseminate good practices in lung cancer multidisciplinary teams (MDT) indicates a growing interest and role played by Disease Area Leaders to institutionalise advances in care, among others, by leveraging data and technology for decision support.¹¹

Throughout the lifecycle, Disease Area Leaders create enduring system value, e.g., by building critical capabilities, partnerships and supporting care models to enhance patient outcomes and drive progress in disease management. Importantly, meaningful leadership requires local adaptation to translate global disease ambitions into locally relevant solutions for enduring impact across diverse care settings. Local data and community insights are key to identify critical barriers to care and directing resources from “supply-driven to demand-driven solutions”, leveraging high-quality impact data to validate interventions.¹² As delivering health system value takes time, Disease Area Leadership requires persistence and long-term commitment, both external and internal. For example, MSD has demonstrated sustained commitment to accelerating cancer patient pathways in the UK, with over 40 joint and collaborative working partnerships with the NHS across the country spanning different cancer types.¹³

Continuous evidence generation across the product lifecycle is a key enabler for achieving the ambition of care transformation. Firstly, overcoming barriers preventing broad patient access to innovation requires compelling evidence to demonstrate burden of disease and differentiated value. Furthermore, as noted above, Real World Evidence (RWE) is critical to ensure health system readiness for the timely and wide adoption of innovation, with all eligible patients benefitting (see Figure 4).

Figure 4: Strengthen pillars of care transformation

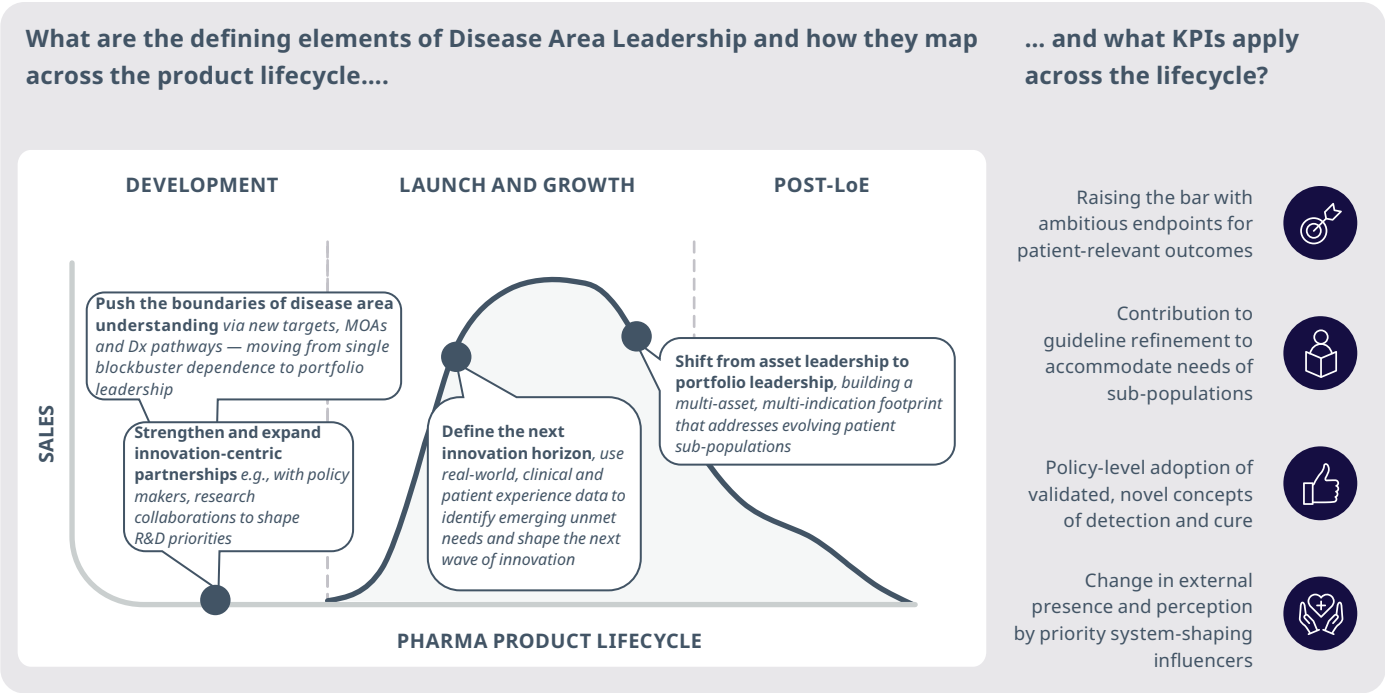


Relevant KPIs include breadth of adoption of innovation; reduction in access disparities across demographic groups; care pathway effectiveness metrics, such as diagnosis rates, speed of referrals, time to treatment, adherence rates and patient experiences; and policy metrics indicating the incorporation of a disease area into the public health agenda.

III. EXPAND THE INNOVATION FOUNDATION

Finally, expanding the innovation foundation rests on creating a vibrant innovation ecosystem through a rich network of external research partnerships and collaborations that is supported by a favourable policy environment, e.g., one that promotes the adoption of validated, novel concepts of disease detection with aspirations of achieving a cure.¹⁴ Such innovation engine must deliver a step-change in therapeutic differentiation on multiple dimensions, including efficacy against novel, ambitious endpoints, e.g., deep, durable remission with restored quality of life that re-sets patient expectations; creating health system value, e.g., reducing healthcare resource utilisation to ease the capacity burden; or delivering unique patient value, e.g., via novel oral therapies where parenteral formulations dominate, or lowering the drug administration burden via ultra-long acting injectables or new combination therapies (see Figure 5).

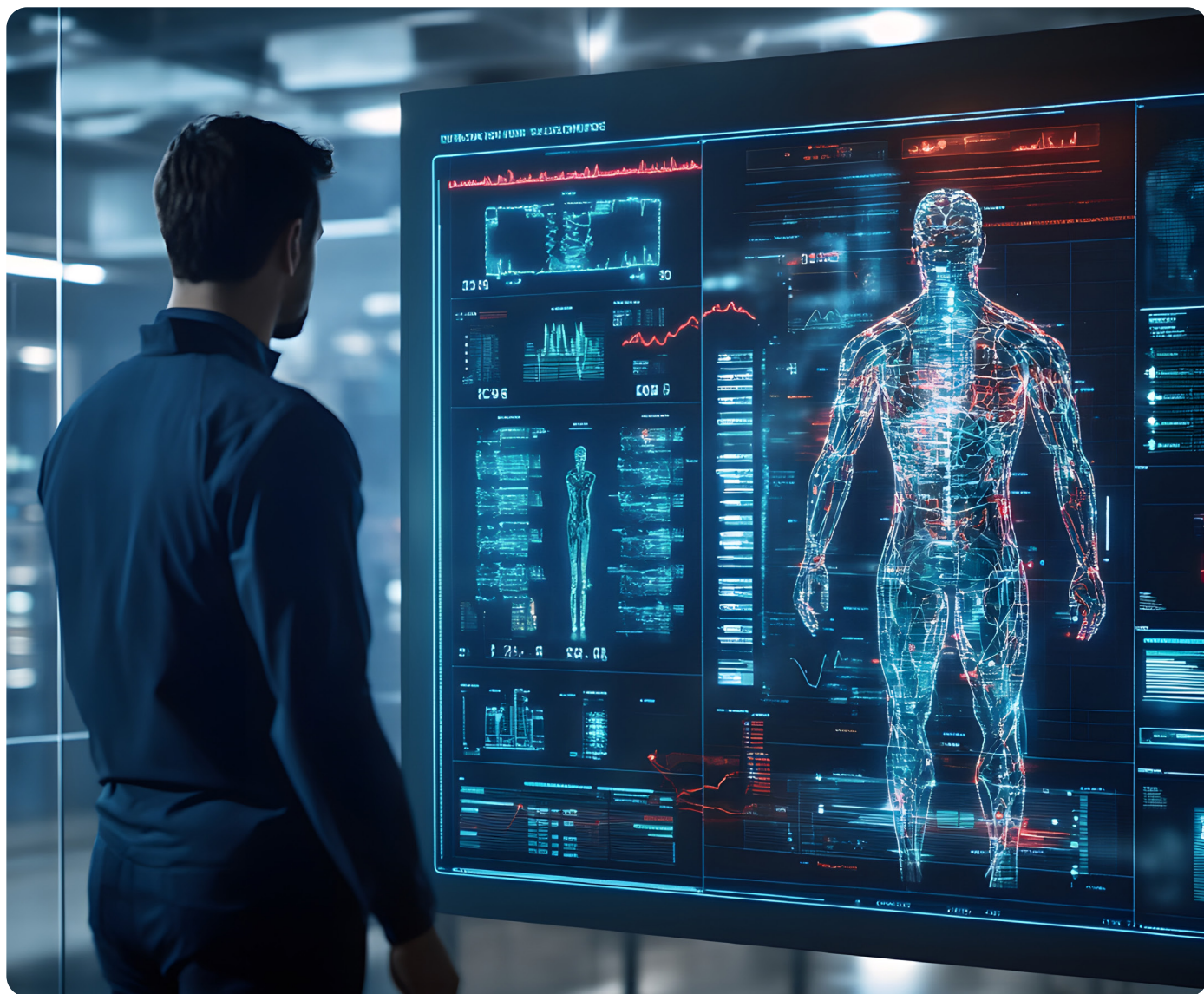
Figure 5: Expand the innovation foundation



Enduring Disease Area Leadership requires trend scouting, including monitoring the latest, early-stage scientific advances and institutionalising disease intelligence throughout the lifecycle; for example, creating a continuous learning ecosystem with a feedback-loop between real-world, clinical and patient experience data and decision making around care, policy and the future direction of innovation. This ensures that priorities are demand-driven, at the intersect of the innovation frontier and patient- and systemic unmet needs, and in turn translate into winning development choices, clear market positioning and, ultimately, the broad adoption of innovation.

Furthermore, Disease Area Leaders apply their unique disease and patient insights to boost success rates across their development programmes, e.g., utilising RWD and AI to inform the design of clinical trials and identify the optimal patient populations to treat, or using digital twins to simulate the outcomes and impact of different strategies for evidence generation.

As we highlighted earlier, clear strategic focus is essential for achieving Disease Area Leadership, however, it is not to be confused with over-reliance on a single blockbuster brand. Instead, as powerfully demonstrated by Vertex' recent launch and expansion of Alyftrek following their existing commercialisation of transformative treatment Trikafta in cystic fibrosis,¹⁵ we are seeing the emergence of portfolio breadth. It manifests itself in a multi-asset, often multi-indication footprint to broadly serve the needs of different patient sub-populations across a disease area. This may extend to adjacent or overlapping comorbidities that characterise many patient populations, e.g., within CVRM, immunology or respiratory diseases.



Examples of relevant KPIs for the innovation foundation include breadth and depth of external partnerships, recognition by external stakeholders of innovation leadership and disease area advancement, share of scientific voice in leading the innovation and therapeutic narrative, or the ambition level and stringency of clinical trial endpoints used vs. the standard of care and competitor trials.

Throughout the lifecycle, Disease Area Leaders create enduring value for patients and health systems.

Disease Area Leadership in practice

We will now explore in more detail two company examples to illustrate what Disease Area Leadership means in practice under different scenarios.

One archetypical situation innovators face is establishing long-term Disease Area Leadership from a strong, current market position, e.g., as a first-to-market entrant creating a new category.

Madrigal Pharmaceuticals offers a case in point. As a trailblazer who redefined the management of MASH with the approval of Rezdiffra by the FDA in March 2024 as the first-ever, disease-specific treatment for MASH, Madrigal created a new therapeutic market.

Whilst enjoying the remarkable commercial success of Rezdiffra, Madrigal has set its sights on lasting Disease Area Leadership in MASH, with efforts that reflect the three strategic imperatives we discussed earlier – shining the light for patients, strengthening pillars of care transformation and expanding the innovation foundation.

Specifically, Madrigal has been focusing on:¹⁶⁻¹⁸

- Setting a clear vision with a patient-centred purpose: Commitment to lead the fight against MASH.
- Leading the scientific narrative in MASH, e.g., extensive presence with >40 abstracts at major medical conferences for endocrinology, gastroenterology and hepatology in 2026 alone, including AACE, DDW and EASL.
- Pursuing expansion of Rezdiffra into compensated MASH cirrhosis (F4c) to serve a high unmet need population without treatment options that faces a 42-fold higher risk of liver-related mortality.
- Fostering close, trusted relationships with the MASH community, including patient groups, clinicians and researchers, who value the company's commitment to MASH and its deep expertise in the disease area.
- Applying the resulting, unique understanding of patient- and systemic unmet needs to key strategic decisions, e.g., defining the parameters of a future, multi-asset portfolio to comprehensively address the needs of different MASH subpopulations; where to place bets, e.g., which MoAs to prioritise, such as RNA interference or DGAT2, to create optionality for combination therapies via complementary assets; or how to design successful, patient-centred clinical trials that reflect the heterogeneity of the disease.
- Targeted business development to assemble an industry-leading MASH pipeline that can deliver on Madrigal's vision of transforming patient care.

As such, Madrigal displays all the hallmarks of Disease Area Leadership in the making as the company at the forefront of shaping the future of MASH.



On the other hand, already established Disease Area Leaders face a very different challenge:

How do they maintain their Disease Area Leadership position as their portfolio matures, the therapeutic landscape evolves and competition intensifies?

AbbVie’s continued dominance of immunology for over two decades offers important lessons. Humira’s extraordinary success as a multi-indication therapy used across a wide range of autoimmune diseases provided the foundation for AbbVie’s Disease Area Leadership in immunology.

It created the platform for building a formidable, world-class go-to-market infrastructure, as a source of competitive advantage underpinning AbbVie’s enduring immunology leadership, and for establishing deep, lasting relationships across the immunology stakeholder universe, including setting a benchmark at the time with its comprehensive patient support programme.

Crucially, AbbVie focussed on portfolio rejuvenation early on. It lined up next-generation assets Skyrizi and Rinvoq well ahead of Humira LoE, with a clear strategy for transitioning patients from its legacy mega-blockbuster while expanding into new patient segments and additional indications. This required conviction to make bold choices and commitment to substantial investments, for example:

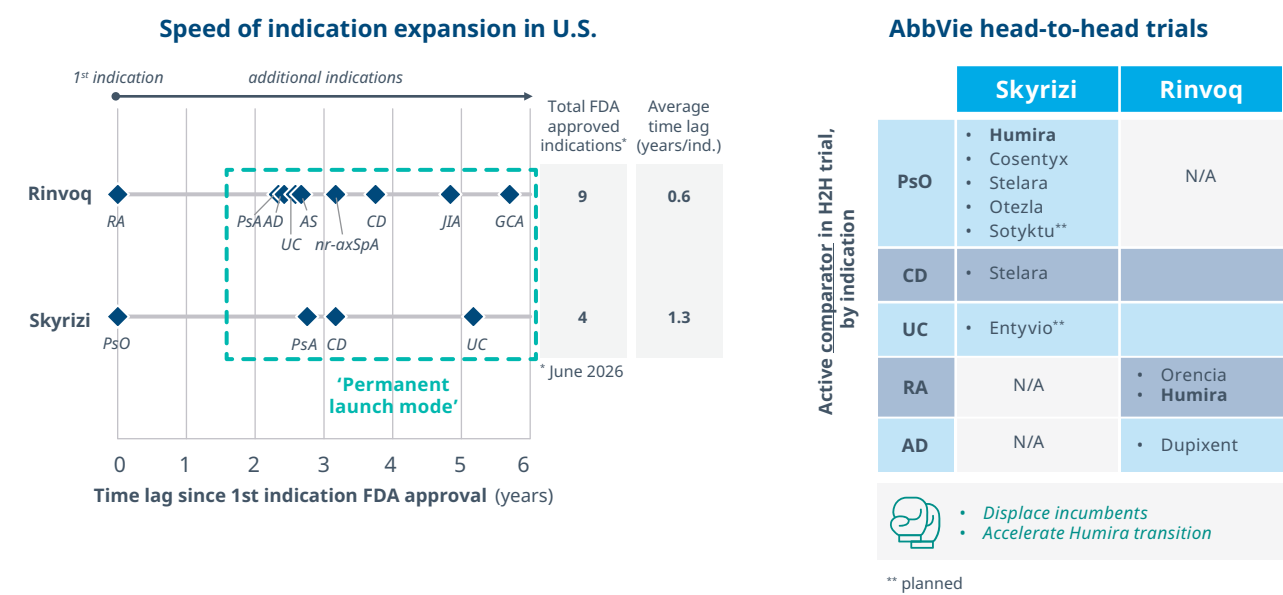
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Delivering a comprehensive clinical development programme to maximise the multi-indication lifecycle potential of Skyrizi and Rinvoq, including developing different indications in parallel to enable ‘indication stacking’.
- 

Running numerous, high-stakes head-to-head trials against both standard of care competitors and its own legacy flagship brand, with the aim to displace incumbents and accelerate switching from Humira, including biosimilars.
- 

Building an efficient launch engine to unlock the value of its multi-indication future blockbusters and decisively execute on rapid, sustained label expansion, essentially operating in permanent launch mode (see Figure 6).

Figure 6: AbbVie’s immunology portfolio rejuvenation



RA: rheumatoid arthritis; PsO: psoriasis; PsA: psoriatic arthritis; AS: ankylosing spondylitis; nr-axSpA: non-radiographic axial spondyloarthritis; JIA: juvenile idiopathic arthritis; GCA: giant cell arteritis; CD: Crohn’s disease; UC: ulcerative colitis; AD: atopic dermatitis;
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These efforts are paying off. In Q2/2026, Skyrizi generated global net revenue of \$5.5 billion, already matching Humira's best-ever quarter. AbbVie has increased its revenue projection for Skyrizi to \$21.7 billion for 2026, surpassing Humira's all-time high of \$21.2 billion in 2022, its last full year of patent protection in the US. Together, Skyrizi and Rinvoq are expected to deliver over 20% YoY growth in 2026, thus sustaining the strong, historical trajectory of AbbVie's immunology franchise in the post-Humira era.^{19, 20}

At the same time, AbbVie is already looking to the next innovation horizon to secure its immunology leadership throughout the decade ahead:

- Building a strong pipeline focused on patient-relevant breakthrough innovation, for example, novel MoAs targeting new immune pathways; exploring novel modalities, e.g., CAR-Ts, RNA therapeutics, to aim for the ultimate prize in patient outcomes — immune reset, for deep, durable remission, possibly verging on a 'cure'; combination therapies and multi-specifics to simultaneously hit multiple pathways for a deeper response; and new biological targets that can be drugged with oral therapies which immunology still fundamentally lacks.
- Externally sourcing innovation via an extensive network of R&D collaborations and partnerships, alongside M&A and licensing, e.g., the recent acquisition of Apogee Therapeutics to obtain ultra-long acting immune-biologics that offer unique patient value.

AbbVie's indisputable and enduring Disease Area Leadership in immunology is widely recognised across the health ecosystem. It also received a vote of confidence from the markets, rewarding the company's investors with a 10-year TSR of 300%.



Organisational implications for aspiring Disease Area Leaders

So far, we have made the case for Disease Area Leadership and discussed its core imperatives for innovators. As Disease Area Leadership denotes a position that needs to be continuously re-affirmed through reinforcement of the strategic pillars of the lighthouse, let us now examine the organisational implications for aspiring Disease Area Leaders to earn that coveted Disease Area Leadership premium outlined in the beginning of this white paper.

To this end, Disease Area Leaders must put in place the following organisational foundations:

1

A bold vision to guide the organisation by setting out the purpose and long-term ambitions of being a Disease Area Leader. It must transcend immediate business priorities and centre on creating shared value by addressing patient- and systemic unmet needs in a disease area.



2

Clear strategic focus on establishing leadership positions in a (small number of) core franchise(s) as critical driver(s) of enterprise out-performance. This requires translating the bold vision into a demand-driven innovation strategy, starting with ruthless portfolio/pipeline prioritisation against target customer segments, and choices around investment levels, e.g., into innovative collaboration models, care pathway transformation, data partnerships or continuous evidence generation. Furthermore, such strategy must balance innovation risk profiles, e.g., mix of first-in-class vs. best-in-class assets, clearly identify sources of unique value and differentiation to earn the 'right to lead' a disease area, and take a long-term view on sustaining leadership beyond the current innovation horizon.



3

Leadership mindset, role-modelled by the senior team and permeating a purpose-driven organisation that has no room for complacency, or nostalgia for current and past successes that would stand in the way of catching the next innovation wave. It looks to the future with a nimble, open mind, constantly scouting for new trends and collaboration models to advance the disease area and drive further progress for patients.



4

Effective governance that enables the successful execution of the disease area strategy, with cross-functional/pan-organisational alignment around and accountability for common priorities. This further extends to putting in place effective decision mechanisms for targeted investment and resource allocations, including above asset trade-offs, that align with the long-term Disease Area Leadership strategy. The development of a consistent disease area narrative, which translates into clear co-positioning and portfolio Go-to-Market, exemplifies such trade-offs and underlying promise of synergies.



5

Critical capabilities build off the development of unparalleled insight into the disease, patients, customers and local health systems. Disease Area Leaders translate this insight into next generation engagement and collaboration models, including deep patient-centred infrastructure, e.g., advisory boards, co-creation labs, digital-enabled patient support programmes; health system partnering around the strengthening of data ecosystems and resulting opportunities for care transformation; novel access models spanning consumer-led OOP markets, reimbursed markets and population health management. An AI foundation must underpin the end-to-end value chain to conquer ever-increasing disease and stakeholder complexity and harness speed, agility and precision at scale.



Crucially, Disease Area Leaders must go beyond assembling point solutions and instead build a connected capability infrastructure. They model a distinct leadership discipline that empowers cross-functional teams, advances commercial objectives, and ensures patient value remains the organising principle from research strategy to real-world implementation.

Crucially, Disease Area Leaders must go beyond assembling point solutions and instead build a connected capability infrastructure.

In today's unforgiving environment, simply participating as an innovator in the health ecosystem is not enough to find enduring success. Instead, innovators striving for superior long-term performance must aim higher – achieving Disease Area Leadership.

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Markus has over 25 years of experience in life sciences, advising

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Cristina Alzaga-Chaudhry leads the Commercial Strategy practice

within IQVIA, covering launch and go-to-market at asset and therapeutic area level along with the design of new operating models underpinning commercialization.

Cristina's experience stretches across functions and stages of the product lifecycle and she led several innovative projects from white paper to pilot and launch during her career.

Before joining IQVIA Cristina spent 18 years at Accenture in the role of Partner/Managing Director. Areas of particular interest include the changing nature and requirements of industry leadership, and the evolving role of the life sciences industry within healthcare.



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Consultant, Strategy Consulting Services, IQVIA

Grace has extensive experience advising global pharmaceutical

clients across a broad range of brand and commercial strategy topics, including go-to-market models, end-to-end launch planning, healthcare system readiness, customer segmentation and targeting, and enterprise capability building.

She has delivered multiple strategic and transformational initiatives across therapy areas, combining strong scientific expertise with commercial insight.

Grace holds a BA and MA in Natural Sciences from the University of Cambridge.

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