

BY JAMIE COBB

It used to be that advertising to specialists was all about delivering data. Then came the realization that specialists are people, too, leading to ads aimed at engaging their emotions, humor and imagination while communicating important insights. Sometimes an agency gets it right and sometimes these doctors get bombarded with silly and even offensive concepts. Here's a look at some hits and misses.

### ■ The easy button is back

In this launch ad for UCB's Cimzia, compelling insight takes a backseat to the product attribute of speed. We see how Cimzia can "fast forward" relief to RA patients who've put their lives on "pause." If the visual metaphor stopped there, we could maybe connect in an interesting way. But the ad goes one Mary Tyler Moore-esque step over the top with the image of a woman in brand-colored shoes dashing away with a shopping bag.

### ■ Approved floatation device

I once had an idea like this for a respiratory brand and I'm guessing other creatives have been there, too. The image provides good borrowed interest for the Talecris brand Prolastin, but it's "checked out." Like the kidney-shaped pool, the human monoclonal antibody and the bull's-eye, lungs-as-life-preserver is now a more overused cliché.

### ■ Thinking with your dipstick

In this ad for Fereheme, AMAG does the smart thing by focusing on the need for patients with chronic kidney disease to be routinely tested for iron-deficient anemia the same way we routinely check the oil in our cars. Instead of

presenting clinical data or an algorithm for treatment, the ad uses a common dipstick to underline the importance of regular checkups and communicate an idea that might aid nephrologists in identifying and treating an overlooked patient sub-population.

### ■ Read the data, win a stuffed animal

Vidaza did a great campaign depicting courageous cancer patients in American towns with names like Hope and Defiance. In this execution, however, we're taken to Coney Island, where the oncologist and patient are trying their luck on the strength machine. It's hard to decide which is more offensive—the use of a carnival in association with a life-threatening disease, or the fact that the doc is letting the patient do the heavy lifting.

### ■ In the flesh

Lilly's Humalog campaign shows a good balance between data and insight. It connects science, which influences prescribing behavior and differentiates one medicine from another, with patient satisfaction, which influences compliance. The endocrinologist is reminded that better glycemic control at mealtimes leads to better diabetes management overall, while also being reminded that patients want to live "normal" lives with treatments that fit their lifestyles.



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**VIDAZA**  
azacitidine for injection

## POWER AND PERFORMANCE

VIDAZA hits MDS with the strength of transfusion independence.<sup>1,2</sup>

- 10% of red blood cell (RBC) transfusion-dependent patients achieved RBC transfusion independence over about 3.2 months.<sup>1</sup>
- Median time to RBC transfusion independence was about 3.2 months.<sup>1</sup>
- In responding patients, transfusion independence was durable, lasting a median of 200 days.<sup>1</sup>

**Important Safety Information**

VIDAZA is contraindicated in patients with a known hypersensitivity to azacitidine or excipients and to patients with untreated, asymptomatic hepatitis B virus.

In clinical studies, the most common adverse reactions by body system were: nausea (31.3%), vomiting (21.3%), constipation (18.4%), diarrhea (17.5%), headache (11.4%), asthenia (10.7%), dyspnea (10.7%), back pain (10.7%), dizziness (10.7%), fatigue (10.7%), weight loss (10.7%), and rash (10.7%). Other adverse reactions included: neutropenia (14.9%), thrombocytopenia (14.9%), leukopenia (14.9%), anemia (14.9%), and infection (14.9%).

VIDAZA is FDA approved for the treatment of all myelodysplastic syndromes (MDS) subtypes.<sup>3</sup> It is not FDA approved for treatment of acute myeloid leukemia or resulting thrombocytopenia, renal, liver, or CNS.

**2011 Drug Usage:** A national, cross-sectional, cross-sectional study comparing the efficacy and safety of VIDAZA and supportive care in myelodysplastic syndrome (MDS) patients (2007-2010). In total, 11,111 patients were included in the study. VIDAZA was administered to patients with MDS at a dose of 75 mg/m<sup>2</sup> daily for 7 days every 4 weeks. Supportive care was defined as transfusion independence for at least 4 weeks. The primary endpoint was transfusion independence. The primary endpoint was met in 10.7% of patients. Secondary endpoints included: median time to transfusion independence, median duration of transfusion independence, and median time to relapse. VIDAZA was superior to supportive care in all endpoints. Median time to transfusion independence was significantly longer in VIDAZA patients (3.2 months) compared to supportive care (1.2 months). Median duration of transfusion independence was significantly longer in VIDAZA patients (200 days) compared to supportive care (100 days). Median time to relapse was significantly longer in VIDAZA patients (100 days) compared to supportive care (50 days).

**References:** 1. J Clin Oncol. 2011;29:1111-1118. 2. J Clin Oncol. 2011;29:1119-1126. 3. J Clin Oncol. 2011;29:1127-1134.

### Vidaza

**Agency:** The Navicor Group

**Client:** Pharmion

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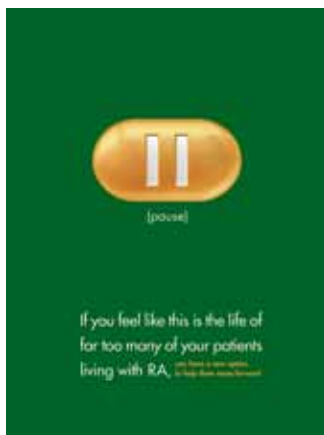
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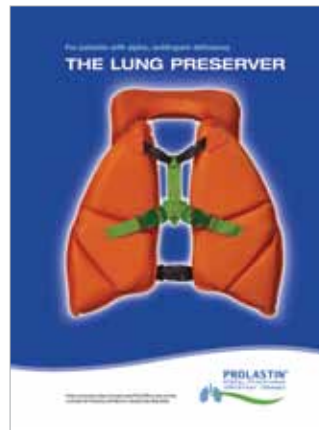
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PRIVATE VIEW: Each month, a creative director from the industry reviews a number of medical advertisements. Please note that the views expressed are those of the author and not the views of MM&M magazine. For more information, or to be considered as a guest reviewer, e-mail Adrienne Fanti at [adrienne.fanti@haymarketmedia.com](mailto:adrienne.fanti@haymarketmedia.com).



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**Agency:** Drafftcb Healthcare  
**Client:** Talecris Biotherapeutics

**Iron Deficiency**

**Agency:** Dudnyk  
**Client:** AMAG Pharmaceuticals  
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