eFOCUS Marketing

Attract. Convert. Grow.

Gilead Email Surgery
February 2021

Presented By: Kate Barrett

Agenda

- Update: 5 mins
- Creative Review 1 : 10 mins
- Creative Review 2 : 10 mins
- Comparison Review: 6 mins
- CTA tutorial: 10 mins
- Q&A: 10 mins

eFOCUS Marketing

Update

eFOCUS Marketing

Modular Template & Branded Versions

eFOCUS Marketing

New W

Preheader Text | View in Browser

GILEAD

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Time: 13:05

Date: 08/10/2020

Location: Lorem Ipsum is simply dummy text printing.

Call to Action

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Call to Action

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There are many variations of passages of Lorem Ipsum available, but the majority have suffered alteration in some form, by injected humour, or randomised.

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UK-HIV-2021-01-0080 February 2021

Footnotes

* REMDESIVIR is indicated for Use of REMDESIVIR is confined to healthcare facilities in which patients can be monitored closely.1,2

† Adults and adolescents (aged 12 years and older with body weight at least 40 kg).1,2

‡ Patients requiring supplemental oxygen included all participants meeting one or more of the following criteria: requiring invasive or non-invasive mechanical ventilation, requiring supplemental oxygen, an SpO2 ≤94% on room air, or tachypnoea (respiratory rate ≥24 breaths per minute).4

§ Defined as patients on low- or high-flow oxygen, or mechanical ventilation1-3

‖ REMDESIVIR is indicated for the treatment of COVID-19 in patients with pneumonia requiring supplemental oxygen – EU Conditional Marketing Authorisation.1,2

References

1. Veklury® (remdesivir) 100 mg concentrate for solution for infusion. Summary of Product Characteristics. Available at: https://www.medicines.org.uk/emc/product/11598/smpc Accessed October 2020.
2. Veklury® (remdesivir) 100 mg powder for concentrate for solution for infusion. Summary of Product Characteristics. Available from: https://www.medicines.org.uk/emc/product/11597/smpc Accessed October 2020.
3. Beigel JH, et al. N Engl J Med. 2020. DOI: 10.1056/NEJMoa2007784.
4. Beigel JH, et al. N Engl J Med. 2020. DOI: 10.1056/NEJMoa2007784. Supplementary appendix.

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Dr Samir Agrawal

Senior Lecturer and Honorary Consultant Barts Health NHS Trust and Blizard Institute Queen Mary University of London Samir Agrawal is Senior Lecturer/Hon. Consultant in Haemato-Oncology, Barts Health and QMUL, Clinical lead for infection; CI for proposed national RCT using fungal biomarkers for antifungal management in Haemato-Oncology.

Samir's research interest is infection management in Haemato-Oncology with a focus on invasive fungal infections; management pathways; diagnostics - development and clinical implementation of rapid fungal biomarkers; online database for (national) audit of infection, specifically fungal infection in hospital settings; developing probes for imaging for pathogen identification using CT-PET).

Samir has expertise in clinical fungal management, biomarkers for invasive aspergillosis, gallium (68Ga) labelling of fungal-specific probes for imaging; Fungal Audit Tool (for stewardship) F.A.T.S. – pilot project across England.

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4. Beigel JH, et al. N Engl J Med. 2020. DOI: 10.1056/NEJMoa2007784. Supplementary appendix.

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Creative Review 1

eFOCUS Marketing

Creative Review

Transmission date

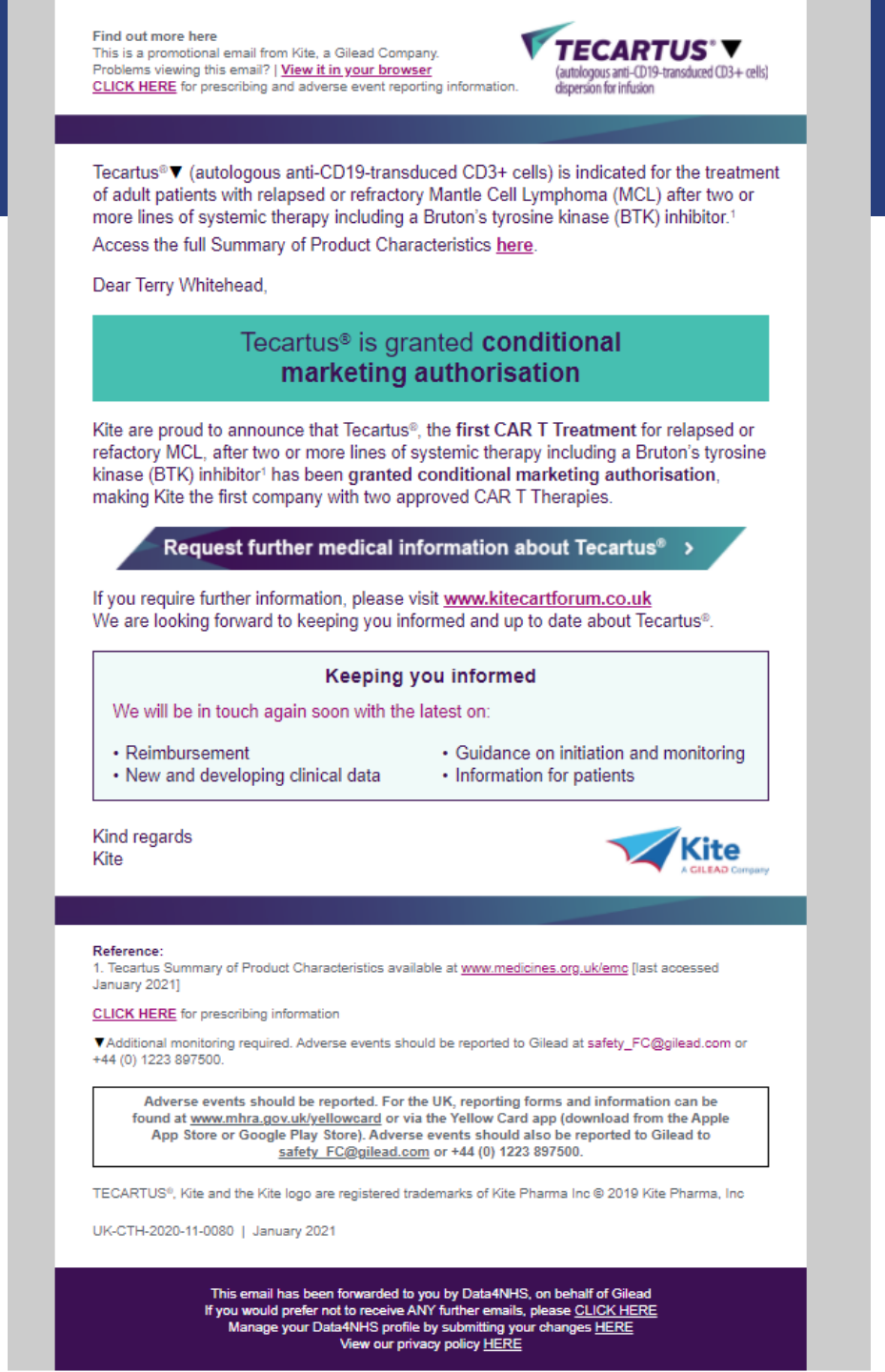
14th January 2021

Audience

Haematology Oncology Specialists and Nurses, Transplant and Lymph Specialists and Nurses, Oncology Pharmacists and Laboratory Specialists

Subject line

Conditional marketing authorisation: The first CAR T treatment for adult patients with 3rd Line Relapsed or Refractory Mantle Cell



Find out more here
This is a promotional email from Kite, a Gilead Company.
Problems viewing this email? | View it in your browser
CLICK HERE for prescribing and adverse event reporting information.

TECARTUS▼ (autologous anti-CD19-transduced CD3+ cells) dispersion for infusion

Tecartus®▼ (autologous anti-CD19-transduced CD3+ cells) is indicated for the treatment of adult patients with relapsed or refractory Mantle Cell Lymphoma (MCL) after two or more lines of systemic therapy including a Bruton's tyrosine kinase (BTK) inhibitor.[1]
Access the full Summary of Product Characteristics here.

Dear Terry Whitehead,

Tecartus® is granted conditional marketing authorisation

Kite are proud to announce that Tecartus®, the **first CAR T Treatment** for relapsed or refactory MCL, after two or more lines of systemic therapy including a Bruton's tyrosine kinase (BTK) inhibitor[1] has been **granted conditional marketing authorisation**, making Kite the first company with two approved CAR T Therapies.

Request further medical information about Tecartus® ›

If you require further information, please visit www.kitecartforum.co.uk
We are looking forward to keeping you informed and up to date about Tecartus®.

Keeping you informed

We will be in touch again soon with the latest on:

- Reimbursement
- New and developing clinical data
- Guidance on initiation and monitoring
- Information for patients

Kind regards
Kite

Kite A GILEAD Company

Reference:
1. Tecartus Summary of Product Characteristics available at www.medicines.org.uk/emc [last accessed January 2021]

CLICK HERE for prescribing information

▼Additional monitoring required. Adverse events should be reported to Gilead at safety_FC@gilead.com or +44 (0) 1223 897500.

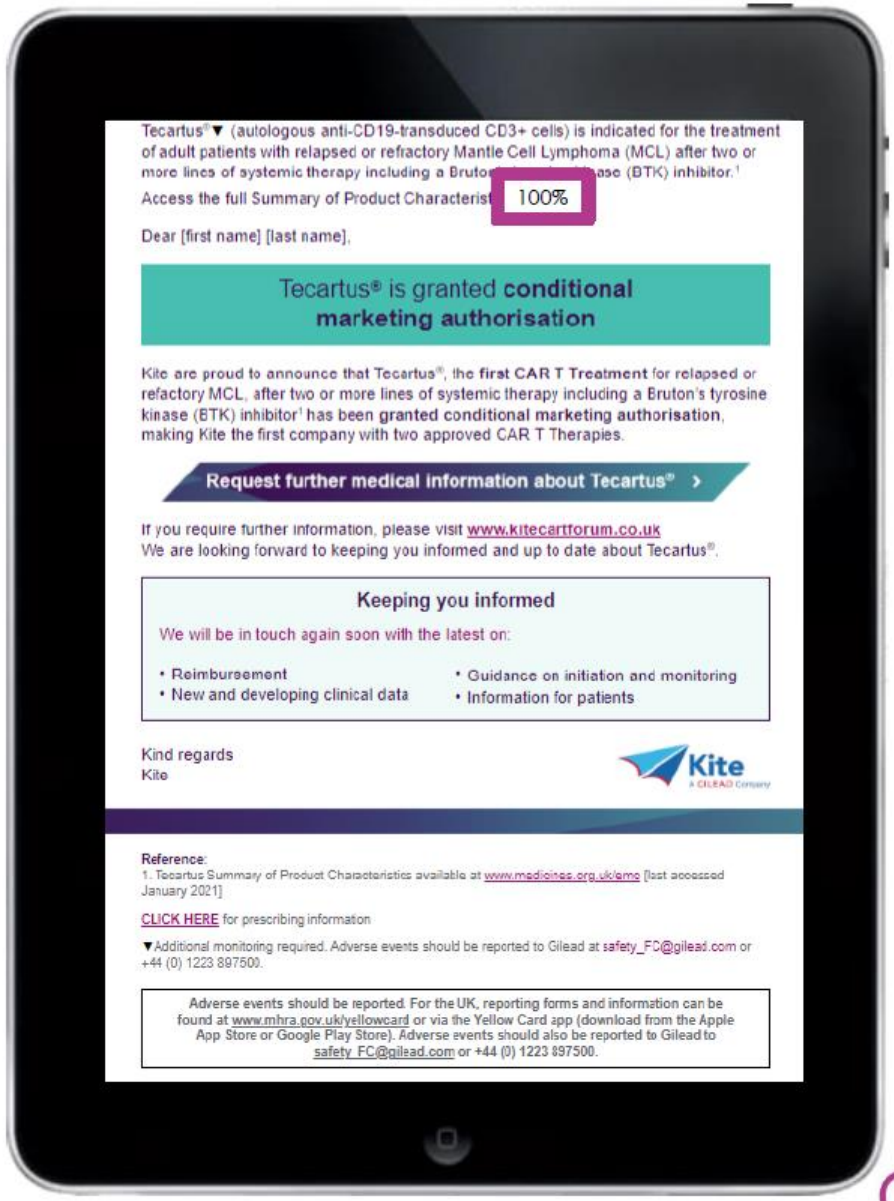
Adverse events should be reported. For the UK, reporting forms and information can be found at www.mhra.gov.uk/yellowcard or via the Yellow Card app (download from the Apple App Store or Google Play Store). Adverse events should also be reported to Gilead to safety_FC@gilead.com or +44 (0) 1223 897500.

UK-CTH-2020-11-0080 | January 2021

eFOCUS Marketing

Creative Review

Audience	Successful Delivery into NHS inbox	Total Opens	Open Rate (%)	Clicks	Clicks	CTOR (%)
Haematology Oncology Nurses	315	81	25.7	• SMPC – 3	3	3.7
Haematology Oncology Specialists	513	306	59.6	• SMPC – 3	3	1.0
Laboratory Specialists	1,103	197	17.9	• Click to HTML – 7	7	3.5
Oncology Pharmacists	373	429	115%	• Click to HTML – 1 • SMPC – 1 • EMPCI – 2	4	0.9
Transplant and Lymph Nurses	185	67	36.2		0	0.0
Transplant and Lymph Specialists	173	101	58.3	• SMPC – 1 • EMPCI – 3	4	3.9
Total	**2,662**	**1,181**	**44.4**	**21 clicks in total**		**1.8**



eFOCUS Marketing

Element	Rating	Notes
Imagery used	Warn	• Other than the logos and button, there are no other supporting images in this email • Using an image as a button
Layout & design considerations	Warn	• Consider adding a little more white space to make the content easier to read ✓ We're unsure if this template is mobile responsive however, the image CTA will shrink on a mobile device; use bulletproof buttons ✓ Image ALT tags have been used (e.g. alt="Tecartus ▼") ✓ Key information (e.g. stats) is presented in a coloured box to help it stand out from the rest of the creative.
Optimising specific sections on your email	Warn	• Could be further optimised o Preview pane (optimise pre-header text, add top CTA, move headline up)
Branding and consistency	Pass	• Tecartus branding and colours used

Element	Rating	Notes
Conversion rate optimisation (including your call to action placement, wording and colour etc.)	Fail	• There is a 'button' graphic which means the CTA is not 'bulletproof' • Font size seems small – ensure is 14px+ for readability • Call-to-action is not repeated in the email and may not present in the preview pane area
Footer area and compliance features	Pass	
How your email is viewed in the inbox including from address, subject line and pre-header	Warn	• Contains pre-header text 'Find out more here' but this is not clickable and could be better optimised to help encourage an open (and click)
Content	Warn	• The paragraph above the Dear First Name personalisation makes the placement of this unusual and stilted in the introduction
Personalisation and creative customisation	Pass	✓ Name personalisation present

From: Kite a Gilead company <update@data4nhs.com>
Sent: 14 January 2021 10:26
To: Terry Whitehead <Terry.Whitehead@gilead.com>
Subject: [EXTERNAL] Conditional marketing authorisation: The first CAR T treatment for adult patients with 3rd Line Relapsed or Refractory Mantle Cell

Element	Rating	Notes
Customer journey from email to landing page	Warn	• CTA opens an email; consider adding some basic body copy (for example, space to add name etc. so that the rep knows who they are contacting)

Creative Review 2

eFOCUS Marketing

Creative Review

Transmission date

26th January 2021

Audience

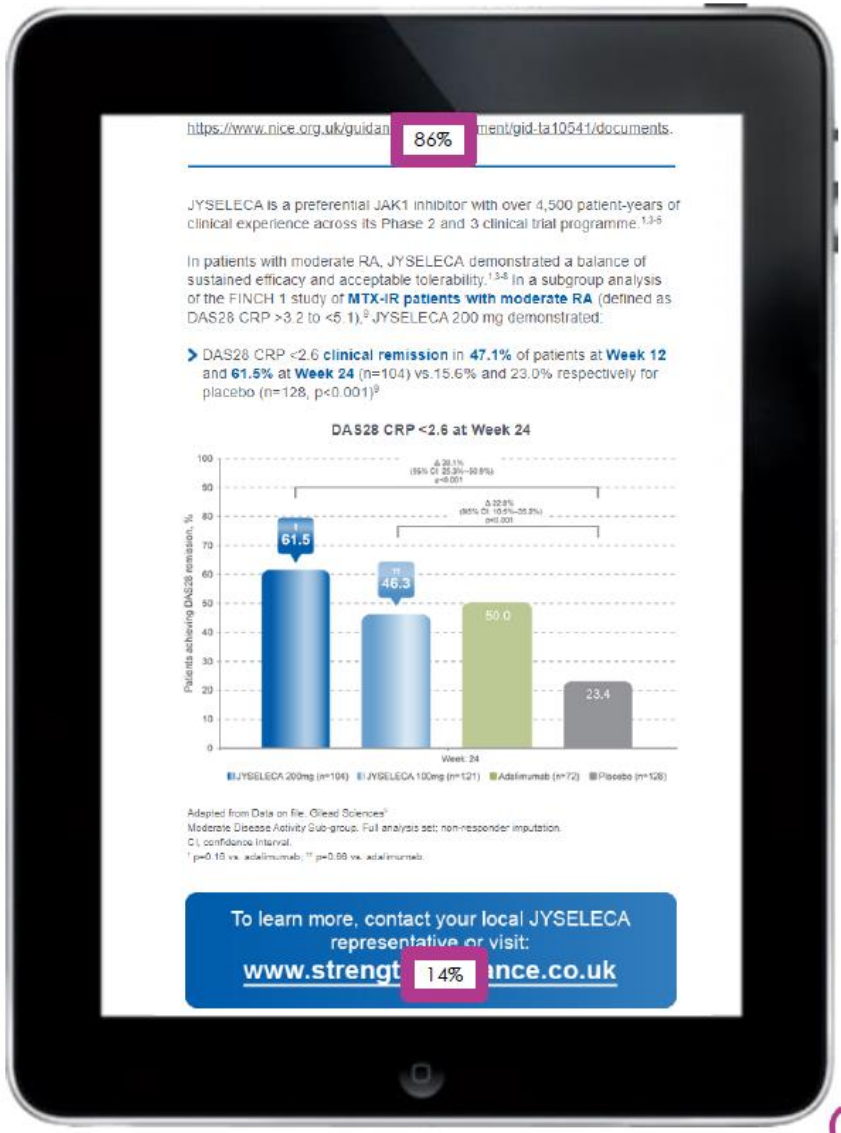
Rheumatology Specialists and Nurses and Pharmacy Managers

Subject line

NICE recommends JYSELECA®▼ (filgotinib) as the first and only advanced therapy for moderate RA

Audience	Successful Delivery into NHS inbox	Total Opens	Open Rate	Clicks	Clicks	CTOR
Pharmacy Managers	578	136	23.5	• Strength of Balance – 1 • NICE Guidance – 1 • Prescribing information – 1	3	2.2
Rheumatology Nurses	458	200	43.7	• NICE Guidance – 2 • Prescribing information – 3 • Yellowcard – 1	6	3.0
Rheumatology Specialists	607	683	112.5*	• Strength of Balance – 2 • NICE Guidance – 15 • Prescribing information – 1	18	2.6
Total	**1,643**	**1,039**	**63.23**	**27 clicks in total**		**2.6**

*This 100% + OR comes from a degree of forwarding activity, if we look to take this activity out of the metrics we have a 94% OR from Rheum specialists (583 opens)



Creative Review

This is a promotional email from Gilead Sciences UK intended for UK and IE healthcare professionals and payers.
A link to prescribing information can be found at the end of the email.
Problems viewing this email? | View it in your browser

Indicated for the treatment of moderate to severe active rheumatoid arthritis in adults who have responded inadequately to, or are intolerant to one or more disease modifying anti-rheumatic drugs (DMARDs).[1]
May be used as monotherapy or in combination with methotrexate (MTX).[1]

FIRST AND ONLY

NICE has recommended JYSELECA®▼ (filgotinib) as the first and only advanced therapy for use in patients with moderate rheumatoid arthritis (RA)[2]

NICE has recommended JYSELECA (filgotinib), with methotrexate, as an option for treating active RA in adults whose disease:[2]

- has responded inadequately to intensive therapy with 2 or more conventional DMARDs, and their disease is **moderate or severe** (a disease activity score [DAS28] of 3.2 or more)

or

- has responded inadequately to or who cannot have other DMARDs, including at least 1 biological DMARD, and their disease is severe (DAS28 >5.1) and they cannot have rituximab

or

- has responded inadequately to rituximab and at least 1 biological DMARD, and their disease is severe (DAS28 >5.1).

JYSELECA can be used as monotherapy when methotrexate is contraindicated or cannot be tolerated, when any of the above criteria are met.[2]

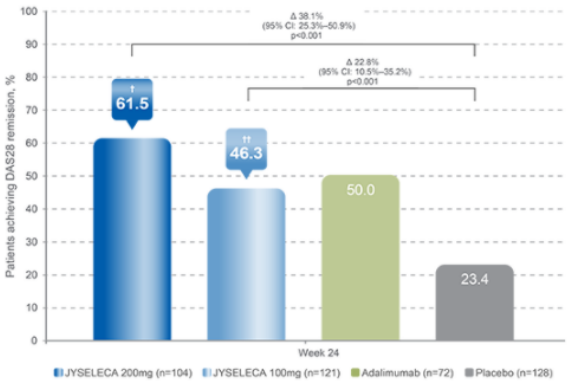
These recommendations are based on the provision of JYSELECA according to the commercial arrangement submitted to NICE. For the full recommendations, please refer to the NICE website https://www.nice.org.uk/guidance/indevelopment/gid-ta10541/documents.

JYSELECA is a preferential JAK1 inhibitor with over 4,500 patient-years of clinical experience across its Phase 2 and 3 clinical trial programme.[1,3-5]

In patients with moderate RA, JYSELECA demonstrated a balance of sustained efficacy and acceptable tolerability.[1,3-8] In a subgroup analysis of the FINCH 1 study of **MTX-IR patients with moderate RA** (defined as DAS28 CRP >3.2 to <5.1),[9] JYSELECA 200 mg demonstrated:

- DAS28 CRP <2.6 **clinical remission** in **47.1%** of patients at **Week 12** and **61.5%** at **Week 24** (n=104) vs.15.6% and 23.0% respectively for placebo (n=128, p<0.001)[9]

DAS28 CRP <2.6 at Week 24



Adapted from Data on file, Gilead Sciences[9]
Moderate Disease Activity Sub-group. Full analysis set; non-responder imputation.
CI, confidence interval.
† p=0.16 vs. adalimumab; †† p=0.66 vs. adalimumab.

To learn more, contact your local JYSELECA representative or visit:
www.strengthofbalance.co.uk

Click here for JYSELECA® prescribing information

Adverse events should be reported.
For the UK, reporting forms and information can be found at www.mhra.gov.uk/yellowcard or via the Yellow Card app (download from the Apple App Store or Google Play Store).
Adverse events should also be reported to Gilead to safety_FC@gilead.com or +44 (0) 1223 897500.

Adverse events should be reported.
For Ireland, reporting forms and information can be found at www.hpra.ie and can be reported to HPRA on +353 16764971.
Adverse events should also be reported to Gilead to safety_FC@gilead.com or +44 (0) 1223 897500

References:
1. JYSELECA SPC. Available at: www.medicines.org.uk / www.medicines.ie. Last accessed: January 2021.
2. NICE. Final appraisal document. Filgotinib for treating moderate to severe rheumatoid arthritis. Published January 2021.
3. Data on file - Gilead Sciences Ltd - INF-UK-20-02.
4. Genovese MC, *et al.* JAMA 2019;322(4):315–325.
5. Data on file - Gilead Sciences Ltd - INF-UK-20-10.
6. Data on file - Gilead Sciences Ltd - INF-UK-20-03.
7. Data on file - Gilead Sciences Ltd - INF-UK-20-05.
8. Genovese MC, *et al.* Poster presented virtually at the European League Against Rheumatism (EULAR) 2020 E-Congress, June 3–6, 2020.
9. Data on file - Gilead Sciences Ltd - GS-US-417-0301.

Date of preparation: January 2021
UK-INF-2021-01-0034

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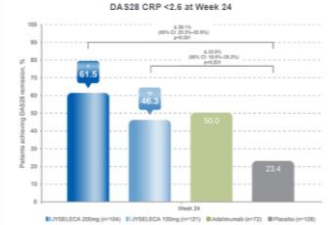
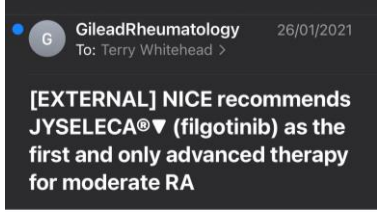
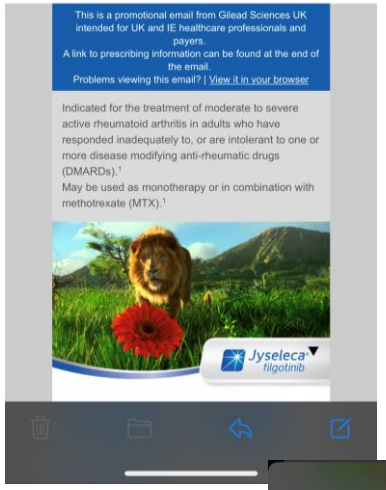
Creating Possible

FIRST AND ONLY
NICE has recommended JYSELECA®▼ (filgotinib) as the first and only advanced therapy for use in patients with moderate rheumatoid arthritis (RA)[2]



Element	Rating	Notes
Imagery used	Warn	• There is a large header image taking up most of the preview pane area, however, it is eyecatching • The main blue CTA button is an image and not bulletproof • The graph image is a great addition to the email and brings the data to life, however, be careful of image resizing on mobile devices and ensuring this information is still readable
Layout & design considerations	Pass	• Consider adding a little more white space to make the content easier to read ✓ We're unsure if this template is mobile responsive however, the image CTA will shrink on a mobile device; use bulletproof buttons ✓ Image ALT tags have been used (e.g. alt="Jyseleca"), however, the same has been used for each image; optimise your ALT tags for each image ✓ Key information (e.g. stats) is presented in a coloured box to help it stand out from the rest of the creative.





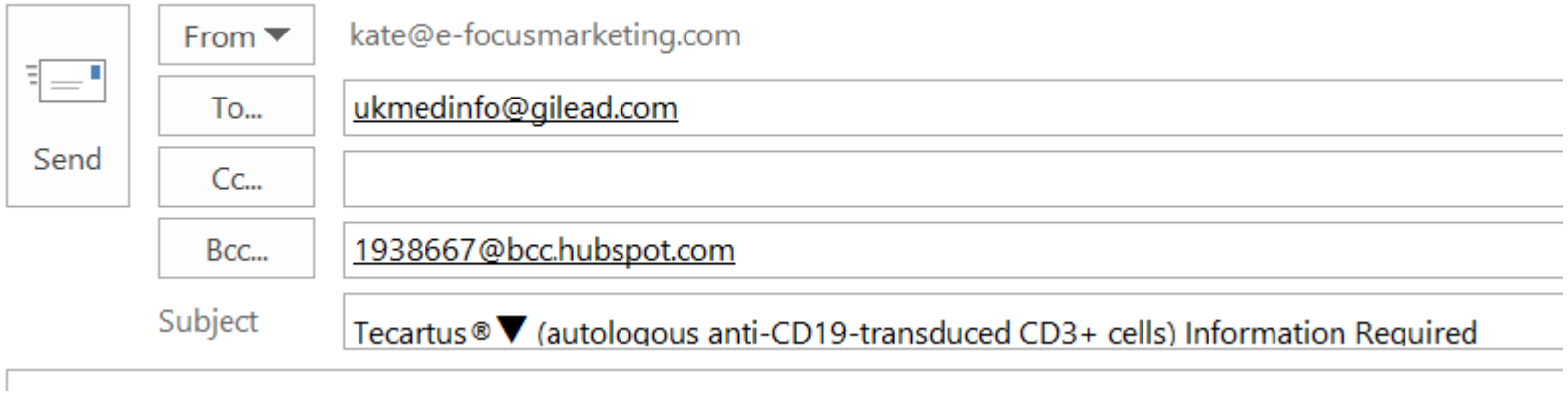
Element	Rating	Notes
Optimising specific sections on your email	Warn	• Could be further optimised ○ Preview pane (optimise pre-header text, add top CTA, move headline up)
Branding and consistency	Pass	• Jyseleca branding and colours used
Conversion rate optimisation (including your call to action placement, wording and colour etc.)	Fail	• There is a 'button' graphic which means the CTA is not 'bulletproof' • Call-to-action is not repeated in the email and is not present in the preview pane area
Footer area and compliance features	Pass	

How your email is viewed in the inbox including from address, subject line and pre-header	Warn	• Contains pre-header text re: promotional email
		  ○ Could be better optimised to help encourage an open (and click)
		• Long subject line – but descriptive
		  ○ Mentions an authoritative body

GileadRheumatology <update@data4nhs.com>

NICE recommends JYSELECA®▼ (filgotinib) as the first and only advanced therapy for moderate RA

Element	Rating	Notes
Content	Warn	• Copy is broken down into small paragraphs and broken up by blue OR copy and some highlights • Consider using bold to highlight other key points in the top paragraphs, or symbols as 'bullet points' next to each item to separate them further and make it even easier to read and understand quickly
Personalisation and creative customisation	Pass	✓ Name personalisation present
Customer journey from email to landing page	Warn	• CTA opens an email; consider adding some basic body copy (for example, space to add name etc. so that the rep knows who they are contacting)



Comparison

Creative Review

eFOCUS Marketing

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This is a promotional email from Kite, a Gilead Company.
Problems viewing this email? | View it in your browser
CLICK HERE for prescribing and adverse event reporting information.

TECARTUS▼
(autologous anti-CD19-transduced CD3+ cells) dispersion for infusion

Tecartus®▼ (autologous anti-CD19-transduced CD3+ cells) is indicated for the treatment of adult patients with relapsed or refractory Mantle Cell Lymphoma (MCL) after two or more lines of systemic therapy including a Bruton's tyrosine kinase (BTK) inhibitor.[1]

Access the full Summary of Product Characteristics here.

Dear Terry Whitehead,

Tecartus® is granted **conditional marketing authorisation**

Kite are proud to announce that Tecartus®, the **first CAR T Treatment** for relapsed or refactory MCL, after two or more lines of systemic therapy including a Bruton's tyrosine kinase (BTK) inhibitor[1] has been **granted conditional marketing authorisation**, making Kite the first company with two approved CAR T Therapies.

Request further medical information about Tecartus® ›

If you require further information, please visit www.kitecartforum.co.uk
We are looking forward to keeping you informed and up to date about Tecartus®.

Keeping you informed

We will be in touch again soon with the latest on:

- Reimbursement
- New and developing clinical data
- Guidance on initiation and monitoring
- Information for patients

Kind regards
Kite

Kite
A GILEAD Company

Reference:
1. Tecartus Summary of Product Characteristics available at www.medicines.org.uk/emc [last accessed January 2021]

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Adverse events should be reported. For the UK, reporting forms and information can be found at www.mhra.gov.uk/yellowcard or via the Yellow Card app (download from the Apple App Store or Google Play Store). Adverse events should also be reported to Gilead to safety_FC@gilead.com or +44 (0) 1223 897500.

UK-CTH-2020-11-0080 | January 2021

Indicated for the treatment of moderate to severe active rheumatoid arthritis in adults who have responded inadequately to, or are intolerant to one or more disease modifying anti-rheumatic drugs (DMARDs).
May be used as monotherapy or in combination with methotrexate (MTX).

FIRST AND ONLY

NICE has recommended JYSELECA®▼ (filgotinib) as the first and only advanced therapy for use in patients with moderate rheumatoid arthritis (RA)[2]

NICE has recommended JYSELECA (filgotinib), with methotrexate, as an option for treating active RA in adults whose disease:[2]

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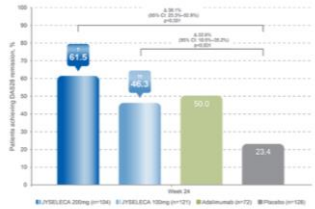
JYSELECA is a preferential JAK1 inhibitor with over 4,500 patient-years of clinical experience across its Phase 2 and 3 clinical trial programme.[1,3-6]

In patients with moderate RA, JYSELECA demonstrated a balance of sustained efficacy and acceptable tolerability.[1,3-6] In a subgroup analysis of the FINCH 1 study of **MTX-IR patients with moderate RA** (defined as DAS28 CRP >3.2 to <5.1),[6] JYSELECA 200 mg demonstrated:

- DAS28 CRP <2.6 **clinical remission** in **47.1%** of patients at **Week 12** and **61.5%** at **Week 24** (n=104) vs 15.6% and 23.0% respectively for placebo (n=128, p<0.001)[6]

DAS28 CRP <2.6 at Week 24



Adapted from Data on file, Gilead Sciences.
Moderate Disease Activity Sub-group. Full analysis set, non-responder imputation.
CI, confidence interval.
* p=0.16 vs. adalimumab; ** p=0.66 vs. adalimumab.

To learn more, contact your local JYSELECA representative or visit:
www.strengthofbalance.co.uk

Click here for JYSELECA® prescribing information

References:
1. JYSELECA SPC. Available at: www.medicines.org.uk / www.medicines.ie. Last accessed: January 2021.
2. NICE. Final appraisal document. Filgotinib for treating moderate to severe rheumatoid arthritis. Published January 2021.
3. Data on file – Gilead Sciences Ltd - INF-UK-20-02.
4. Genovese MC, et al. JAMA 2018;322(4):315–325.
5. Data on file – Gilead Sciences Ltd - INF-UK-20-10.
6. Data on file – Gilead Sciences Ltd - INF-UK-20-03.
7. Data on file – Gilead Sciences Ltd - INF-UK-20-05.
8. Genovese MC, et al. Poster presented virtually at the European League Against Rheumatism (EULAR) 2020 E-Congress, June 3–6, 2020.

Creating an engaging Call-to-Action (CTA)

eFOCUS Marketing

3 Key Considerations

1. Wording

2. Design

3. Placement

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1. Wording

Copy that converts is focused on what people want to do

- **Avoid high (cognitive) friction words** such as Buy, Sign Up, Submit, Give, Invest, Complete, Donate/Sponsor/Support
    - **Use low friction words** such as Get, check out (e.g. check this out), discover, reveal
- **Don't ask for too much too soon** (don't overwhelm the recipient or push them into a commitment too soon)
    - 'Prescribe now' is like 'buy now' – clicking to them then means committing / paying out money VS. 'Discover more' which is no pressure, no big decision, just exploring the options and more information

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1. Wording

Ideas:

LEARN MORE | DISCOVER MORE

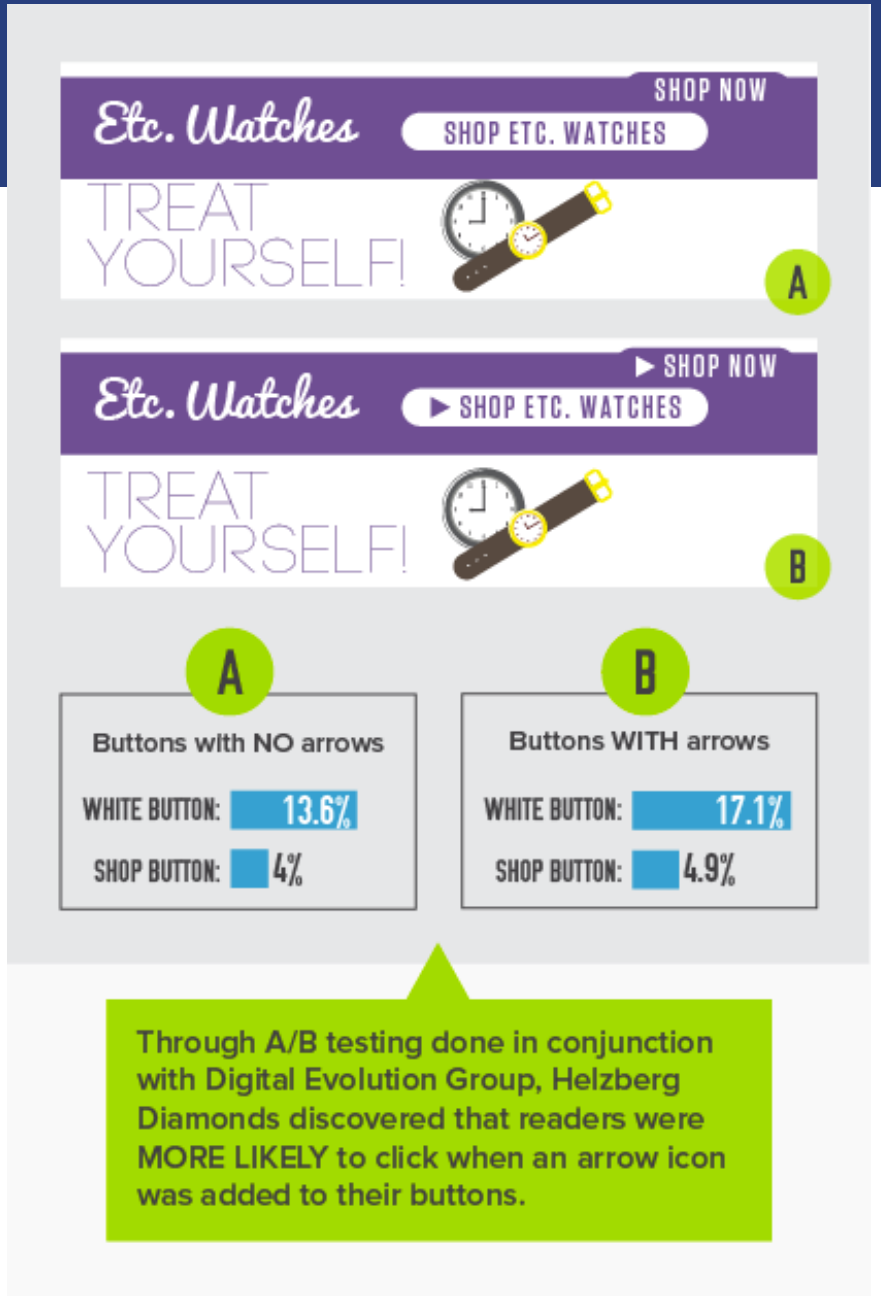
VIEW MORE DETAILS | SEE HOW BIKTARVY WORKS

eFOCUS Marketing

2. Design: Denoting a button

- Adding a **>** or an <u>underline</u> also helps denote a button for accessibility

- **Use a combination of bullet proof buttons and text based buttons** in a differing font colour from your main text



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Source:
https://litmus.com/blog/designing-the-perfect-call-to-action/litmus-creating-calls-to-action

2. Design: Text & Bulletproof Buttons

A test by MarketingProfs compared the click rates of three CTAs in a single email.

- **CTA #1 got 51% of the clicks on this email**. It's text-based, but in a contrasting colour from the rest of the email. It's written in a way that offers value (receive something today) at low cost (free). this CTA is at the bottom of the piece of content, which is consistent with Canopy Labs' findings on the optimal location for CTAs (see next slide).
- **CTA #2 was 2nd with 41% of clicks.** The location is unfortunate, but it's the most visible CTA because it's graphical and has a bright orange button. Would it have outperformed CTA #1 if placed on the left side of the email?
- **CTA #3 got 8% of the clicks.** Formatted in a font smaller than 12 point and located in the upper-right corner of the email, the CTA is barely noticeable.

These findings point to the importance of having multiple CTAs throughout your email. Even the obscure CTA delivered a few more clicks to the landing page.

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Source: https://www.getvero.com/resources/email-marketing-calls-to-action/

3. Placement

- **Lead the eye down to your CTA** with your content, typography and imagery

Strong headline

Most essential information first – it highlights a pain point and provides an attractive solution

Clear and easily actionable CTA

Additional, useful info that helps sell the offer

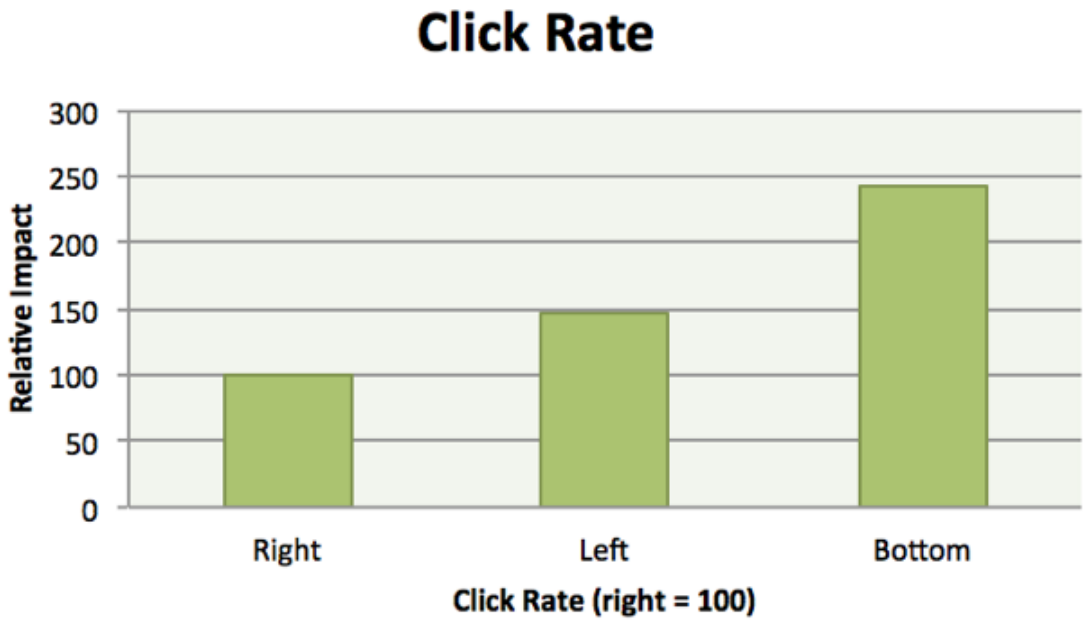
Information that's nice to have

Repeated CTA

eFOCUS Marketing

3. Placement

Canopy Labs compared the performance of CTAs placed in different locations in an email and found that a CTA at the bottom of an email outperformed CTAs placed on the left or right side of an email.



This makes sense, because your email must logically lead the reader to the CTA.

A CTA doesn't exist in isolation from the rest of the content. Therefore, readers are more likely to click after reading or scanning your email.

eFOCUS Marketing

Source: https://www.getvero.com/resources/email-marketing-calls-to-action/

3. Placement

This supports the finding that readers tend to view online content in an F-shaped pattern.

According to an eye-tracking study by the Nielsen Norman Group, the dominant eye movement of users reading web pages looked very much like an F.

Email readers follow the same eye pattern, meaning the least prominent part of your email is the right side.

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Source: https://www.nngroup.com/articles/f-shaped-pattern-reading-web-content/

Any Questions?

Was this helpful?

What future topics would you like covered in these email surgery's?

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