

# The Chronicle Interview: James Cran, *prexy* of Antibody

**J**AMES CRAN, CO-FOUNDER and now head honcho at Antibody Helathcare Communications, went directly from university graduation into the pharmaceutical industry as a drug rep for a major brand phar-



Cran

ma. After various stints there and later at a second brand pharma, he and his creative partner decided to launch

Antibody Healthcare Communications in Toronto seven years ago. In this exclusive interview for THE CHRONICLE OF HEALTHCARE MARKETING, Cran spoke to frequent contributor Ian J.S. Moore.

**To borrow an advertising slogan from another industry, what is Job 1 for any agency with pharma on its client list?**  
You have to be the agency that “gets it”.

**And how do you “get it”?**  
Obviously, there’s more to it than just understanding pharmaceutical and healthcare marketing as a true partner. You not only have to have been a part of what your clients have been challenged with, but steeped in all the nuances and complexities to “see and seize” all opportunities.

**Is there a one-size-fits-all approach that can get this done?**  
Definitely not. Within Antibody we have five different divisions with almost 50 different people. Every single person has a different skill set. Our client services people—we call it product services to better mirror the pharma world—are highly specialized, same with creative. The medical group—the largest division—are high-science people who have been in a lab, grew tired of it, and wanted to do something a bit more creative, but still in science.

We also use a deeper version of the team approach. Everyone understands the science and understands what we are trying to do for the client’s brand. So when we partner on a brand, Product Services, Medical, and Creative can all work on different initiatives but stay united.

**In this era of the Internet and social media, have the traditional print media approaches—journal advertising, four-page detail aids, file cards—been dumped in the dustbin of ad history, or are they still useful?**  
More kinds of media have been put in the marketer’s hands, but none have been replaced.

Traditional print media approaches have definitely changed, but journal advertising is still happening, especially during a launch—how else do you reach 30,000 GPs at once?—and the traditional detail aid is still a big part of the impact in a rep’s call.

Our business is split between promotion, education, and patient adherence. For every brand we manage we do everything, from print materials to their CMEs to patients pro-

grams after we get them on their medications.

**Are there differences among your pharma clients in the advertising/promotion tactics they favor? Or do they all pretty go along the same route?**

Is it a launch? Is it a five-year-old product? It depends on the life cycle. We have clients who are cutting edge, who look to new tactics to do new things. Others want to push the boundaries but their corporate culture or legal,

regulatory, and other factors come into play. They tend to turtle up a bit, because the familiar is tried, tested, and true. And safe.

**Is this tendency related to head office location in Europe or the US?**

No. It has to do more with the corporate culture of the companies here. And one of the largest considerations now are the legal implications. We do a lot of interacting with our clients’ patients. They can’t, but we can.

As long as we cover the

bases about patient consent and the various legal requirements, some companies are excited about this approach and some companies prefer to take baby steps. The bigger companies are getting there, the smaller ones are already there.

**What about drug class? Do clients regularly choose CMEs for psychotropic drugs, for example, and journal ads for proton pump inhibitors?**

Turn to Interview page 6→

**VIGILANCE**  
...one of our **ACTIVE INGREDIENTS**

Today more than ever, accountability is a critical part of the drug sampling process. You can rest easy knowing that **Physicians' Hotline** has it covered.

We keep a close eye on all our samples, from the moment they arrive at our secure, temperature and humidity-controlled warehouse until they reach the physician's hands. Our sample management and monitoring processes keep us up to the minute on what's in stock and what's in transit. We know exactly when, where and how many samples are delivered. We meticulously record lot numbers and expiry dates and every other pertinent piece of information. It's all part of our standard operating procedure.

Need an audit report? No problem – we'll have it for you in an hour.

Our vigilance means we stand up to scrutiny – and so do you.

[www.medcommunications.ca](http://www.medcommunications.ca)

Jason Erickson: [jason.erickson@medcommunications.ca](mailto:jason.erickson@medcommunications.ca) • 514.630.7484 ext 239  
Joel Erickson: [joel.erickson@medcommunications.ca](mailto:joel.erickson@medcommunications.ca) • 514.630.7484 ext 228  
Morgan Loudon: [morgan.loudon@medcommunications.ca](mailto:morgan.loudon@medcommunications.ca) • 416.209.5599



## Web marketing: *Pharmas need to find new uses for social media*

continued from page 4

So, there's a risk aversion in the market, and that is part of the challenge."

It will be interesting to see how pharma react to the appearance of Asklepios, the Canadian Medical Association's "social network" for physicians and medical students, and as it evolves.

"The uptake of Asklepios is really our first Canadian entrance into social media for healthcare professionals at an organized level," Dickey notes.

"We don't know what the pharmaceutical involvement will be, but it will definitely be different than we're seeing in Sermo [a social networking site for physicians in the US]."

### REGULATIONS DAMPEN USE

Medical marketing consultant Natalie Bourré, prexy of Marketing 4 Health in

Richmond Hill, Ont., agrees with other observers that regulations are dampening pharma's interest in the marketing potential of social media.

"They're interested, they want to, but they're not moving forward," she reports. "We have to find new ways of using social media to advance, and I think we have to think about more than just marketing, because social media is about so much more than branding a product."

Bourré suggests pharma might get some hints about what is possible by taking a look at what the natural health product ColdFx has done on social media.

"They've decided, strategically, to try to be as within regulatory guidelines as possible," she says. "What they've done

**The percentage of monies devoted to digital programs in the healthcare industry is 'orders of magnitude less than other industries'**

with their viral social media campaign could be easily reproduced by pharmaceu-

tical companies."

The campaign, which ran during the Vancouver Winter Olympics, didn't make specific mention of the games, but the brand was visible throughout.

The Internet isn't a tactic, and e-marketing is not a line item, according to Neil Follett, founder and managing director of Brightworks Interactive Marketing in Toronto, believes Canadian business, especially in the healthcare world, is still grappling with the problem of integrating the right components into an entire marketing mix.

"E-marketing is an incredibly large category, but it's often plugged in as a line item, and I think healthcare still struggles a little bit figuring out which is the best of the e-channels to apply to the business challenge."

Non-pharmas make up half of the Brightworks client list, and Follett notes that the percentage of monies devoted to digital programs in the healthcare industry is "orders of magnitude less" than in almost all other business sectors who use digital.

### WILL THERE BE A RETURN TO TRIED AND TESTED MARKETING TACTICS?

Part of this relative stinginess may be attributed to the "chicken and egg" situation of agencies not having extensive digital expertise because clients were not demanding it.

Follett believes, however, that four factors will make 2010 a very interesting year for proponents of digital.

"Social media is forcing digital media into the spotlight," he says. "Traditional agencies have had a very challenging 2009, and they are going to see digital as a revenue stream and opportunity and will begin to push that to their clients."

"Clients are also under increased pressure to show ROI or justification for their marketing tactics and digital is a very traceable medium. And the penetration of iPhones and apps has really lit a fire under digital."

"At the end of the day, it all comes down to the good-old-fashioned sales call," says James Cran, founder and head guy at Antibody Communications, Toronto.

"To impact physician behavior we have to have a rep in front of a doctor showing a piece of evidence or data so the doctor believes 'This is something good for my patients.'"

Does this mean rebirth of the four-page detail aid and file card, so useful in the Columbo exit ploy? Not quite, but it does go back to such historic tactics as telephone detailing, according to Cran.

"We hadn't done tele-detailing in the last two years, and now, all of a sudden we're doing it for four or five clients, as a way to get the message out to keep the product top-of-mind."

Cran believes the widely recognized difficulty of getting face time with physicians is not so much due to reluctance to see reps, as it is the rep having a more difficult task in penetrating the physician's brain space.

Another major difficulty for pharma is achieving and maintaining satisfactory reach and frequency levels in sales calls, he said.

## Interview: James Cran, Antibody

—continued from page 5

It's not by class at all. Every GP product definitely does CMEs. Our role with this is coming up with unique ways to get the doctors intrigued, what the CME is going to be like, getting the right doctors, and making sure the reps have the right tools.

**Regulatory restrictions limit the number of DTC advertising and promotion options pharma has. Do you think some of the "do not's" will eventually be loosened or lifted?**

No. Since I was a product manager 15 years ago or more, everyone has been expecting it to happen. That being said, we have launched many successful DTC campaigns within the current guidelines. The key is being strategic with the spend allocated and finding the right message and media to get noticed.

**Generic drugs will soon account for at least 50 per cent of pharma market growth in Canada. How will this affect the advertising/promotion agencies associated with Big**

### Pharma?

At our agency it won't have much of an impact, because as every drug goes off patent, a new brand drug is launched. And most of the new drugs are in specialty areas, which is where we do a lot of our work.

**You're alone on a deserted island in the South Pacific where the weather is warm and balmy all year round. You have all the equipment and resources of a 2010 agency office, and your mission is to promote the advantage of life on this island. Which communications option—you're allowed just one—would you choose?**

I would do a combined promotional and educational tool, a unique piece we call "video in print." It combines printed material with a small LCD screen. It gives them something they can hold in their hands—a website can't do that. In the pharma application it combines a four-page detail aid with the screen where we can put KOLs or patients or demonstrate a drug's unique properties. That would be my choice. I could make a solid call and educate at the same time.



### EMD Serono funds new wheels for food bank

**A \$40,000 contribution from EMD Serono** permitted the Mississauga Food Bank to add a new truck to its fleet to improve daily operations. This single truck has the capacity to pick up to 240,000 pounds of food each month, which equates to feeding about 9,600 people. In this photo, Deborah Brown, president and managing director of Mississauga-based EMD Serono (center) presents the keys to the truck to Chris Hatch, executive director of the Mississauga Food Bank. Looking on is Peter Fonseca, MPP for Mississauga East-Cooksville and Ontario Minister for Labour (right).