



Oncology Market Research
Faces a Supply and Demand Problem

The Urgent Need for Change

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Executive Summary

The field of oncology in the U.S. is facing both an increasing demand for patient services and an increasing need by pharmaceutical companies for medical market research on specific cancers and niche therapies. Yet at the same time, there is a growing shortage of oncologists as many physicians near retirement. This supply and demand problem presents unique challenges for the medical market research industry that need to be addressed immediately and comprehensively. This white paper provides critical information about obstacles to continued oncology research and recommendations for effectively overcoming them. It first traces current and projected trends in the field of oncology and related market research. Next it presents key findings from an internal research study conducted by MedSurvey in April 2019 to assess the state of medical market research and to learn about how the industry can improve. Finally, drawing on both the results of MedSurvey's internal research study and its 42 years of expertise in the medical market research space, this white paper discusses in depth the primary ways in which the medical market research industry is exacerbating the oncology supply and demand problem, and offers strong recommendations for change, both short-term and long-term, which will be crucial for ensuring that medical market research on oncology remains viable going forward.

Introduction

Over the past decade, the medical market research industry has undergone a massive shift away from areas such as HIV and toward increasingly specific and niche oncology research. Today, MedSurvey estimates that oncology represents the largest segment of its work (about 25%), with demand only set to increase. Due to demographic shifts such as an aging population, combined with greater access to healthcare, the number of cancer cases being diagnosed each year is increasing rapidly, at the same time that scientific advances are introducing more and more specific drugs and therapies. In turn,

the demand for oncology research from pharmaceutical companies only continues to expand, while also targeting more specific types of cancer (e.g., Breast Cancer in the HR+ or HER2-) and niches (e.g., Follicular Lymphoma, a rare subset of Hodgkin).

Yet as patient and research demand for oncologists skyrockets, the relative supply of oncologists is dwindling. A 2014 report released by the American Society of Clinical Oncology (ASCO) projected that by 2025, patient demand for oncology services would grow by at least 42%, while the supply of oncologists would grow by only 28% (ASCO 2014). As oncologists become busier and face mounting work pressures, their ability and willingness to complete a growing number of research surveys can only be expected to decline. Exacerbating the situation, as research focuses on increasingly specific therapeutic niches, fewer oncologists qualify for narrowly-targeted studies.

Despite these trends, the medical market research industry as a whole is taking a short-sighted approach to oncology research. The tendency is to operate as if oncologists are a constantly replenishing supply of survey respondents—rather than a valuable and extremely finite resource. Research practices that focus on gaining maximum information as quickly and cheaply as possible often alienate physicians by creating negative user experiences. The following finding is deeply concerning: A recent internal research study conducted by MedSurvey found that only **about 50% of oncologists who are currently panelists will participate in market research surveys five years from now**. If the medical market research industry does not begin to think in terms of long-term solutions now, it faces an alarming prospect: in just a few years, there may be too few oncologists left to survey and provide valuable data necessary for complex business decisions.

The State of Oncology And What It Means For Market Research

The healthcare landscape in the U.S. has been changing dramatically, and the field of oncology is especially affected. In particular, oncology is facing a significant—and expanding—supply and demand gap, with the demand for oncology services increasing far more quickly than the supply of oncologists. The growing shortage of oncologists in the country presents significant obstacles for medical market research focusing on oncology, especially as scientific advances increase the need to survey an already overburdened medical specialty.

Growing Demand

The demand for oncology services has been growing rapidly. Because cancer disproportionately affects the elderly, the aging of the population—in combination with the fact that people are living longer than ever before—is resulting in an increasing number of cancer cases diagnosed each year (ASCO 2017). In 2014, ASCO projected that by 2030, the number of cancer cases would increase by 45%. At the same time, advances in detection and treatment have led to a growing number of cancer survivors requiring significant, continuing care. In the period from 2016 to 2026, ASCO projects a 31% increase in cancer survivors (ASCO 2017). In addition, by 2016, the number of uninsured Americans hit at an all-time low of 8.6% (ASCO 2017). These trends have likely led to a substantial increase in the number of cancer cases being treated. Of current patients surveyed, 61% indicated that they would not have sought out care if they were not insured (ASCO 2017).

Insufficient Supply

Yet as the demand for oncologists' services increases rapidly, the supply of oncologists is not keeping pace. Oncologists, like patients, are also aging, with

ASCO reporting in 2017 that one in five (18.4%) of oncologists were nearing retirement at age 64 or older, far outnumbering the 13.3% of oncologists who were under age 40 and relatively new entrants to the field (ASCO 2017). Bajoren et al. (2014) further suggest that it is highly unlikely that funding to increase physician training slots will increase enough in a short period of time to draw a sufficient number of new oncologists into the field.

Further exacerbating the supply and demand gap in oncology may be so-called physician “burnout.” ASCO reported in 2017 that 44.7% of oncologists reported feeling burnt out, with over a quarter (28%) stating that they were likely to retire early, before age 65 (ASCO 2017). For medical market research, “burnout” is concerning not only because of its contribution to the shortage of oncologists, but also because physicians who feel burnt out may be considerably less likely to add to their workload by completing market research surveys.

Scientific Advances

With scientific advances, more types of cancer are being pinpointed, while more drugs and specific therapies are being introduced. As a result, there is a growing need for research around a growing number of therapeutic niches. In 2016 alone, five new drugs and biologic therapies were added to the FDA's list of more than 200 anticancer agents already approved, use was expanded for 13 existing cancer therapies, and several cutting-edge diagnostic tests were approved (ASCO 2017). Market research that once targeted “oncologists” now targets narrower subspecialties, such as “HER2-Breast Cancer specialists.” An already narrowing supply of oncologists to survey is thus narrowed much further.

How Market Research Exacerbates The Supply and Demand Crisis

Given the growing shortage of oncologists in the U.S., medical market research cannot afford to treat survey respondents like an endlessly replenishing supply. Yet, in many cases, this is exactly how market researchers operate. Focusing on short-term goals (low cost, quick turnaround, maximum information gain), combined with a short-term memory, will come at untenable long-term costs to the industry.

Based on internal data that spans well over 20 years, MedSurvey estimates that one panelist is worth approximately \$100K in lifetime value to the company. That respondent is even much more value to the industry as a whole. The value of an oncology panelist is likely to become much higher. Without a long-term focus on retention, market research risks sowing the seeds of its own destruction.

MedSurvey has combined its 42 years of expertise in the medical market research space with data obtained from a recent internal research study to identify the primary ways in which market research is eroding its respondent base, and how the industry can improve. One key finding is that physicians—especially oncologists—are inundated with far more invites than they can complete. Compounding this issue, poor survey designs and negative user experiences alienate respondents, making them less likely to complete surveys in the future.

Internal Research Study Methodology

In April 2019, MedSurvey conducted an internal research study to assess the state of medical market research and learn more about how the industry can improve. MedSurvey fielded a brief, 10-question survey to existing panelists. Respondents were composed of 467 physicians, evenly distributed across 10 key specialties,

Survey Response Rates by Specialty

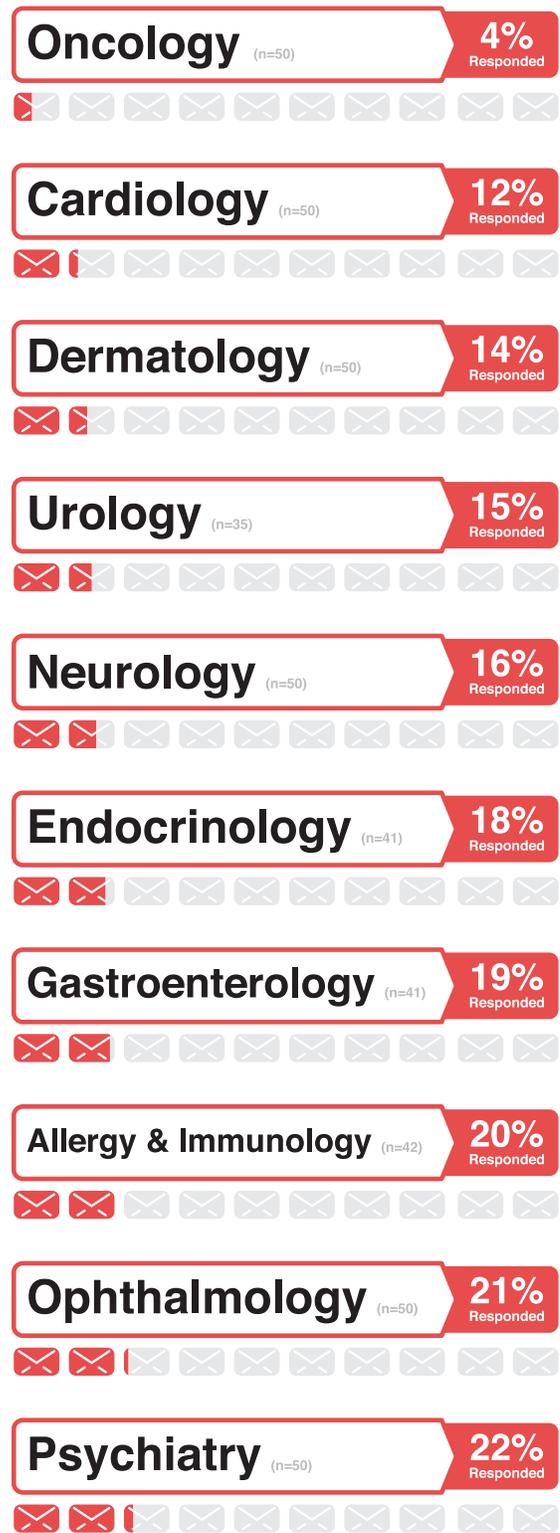


figure 1

including oncology. The survey had a 5-minute length of interview (LOI), was fielded over a 48-hour period, and was optimized for mobile devices. The survey specifically assessed market research invite saturation and device usage, and it included an open-ended question about how market research could improve.

Invite Over-Saturation and an Eroding Respondent Base

On average, respondents dedicate 51 hours per week to their medical professions, including but not limited to direct patient care, administration, and continuing medical education. Oncologists fall within the average range, specifying 50 hours of work per week. However, the study found that there is a far greater demand for survey research from oncologists than from physicians with other specialties. Oncologists receive, on average, more than double the average invites of the other nine specialties surveyed.

Not surprisingly given the over-saturation of research invites in oncology, oncologists complete a smaller percentage of invites. As illustrated in Figure 1, oncologists responded to only 4% of invites received, per week—less than one-quarter the average of the other nine specialties surveyed, which respond to an average of 17% of invites per week. This represents a major problem for a medical market research field increasingly focused on oncology research.

Perhaps the most alarming finding of the study is that only about 50% of oncologists say that they will do market research surveys five years from now. As shown in Figure 2, overall, respondents' average likelihood to participate in market research one year from now is relatively high (averaging 6.4 on a 7-point scale). However, when asked about the likelihood of participating in market research in five years, while the overall average remains high across

Likelihood to Participate in Market Research (1yr and 5yr Comparison)

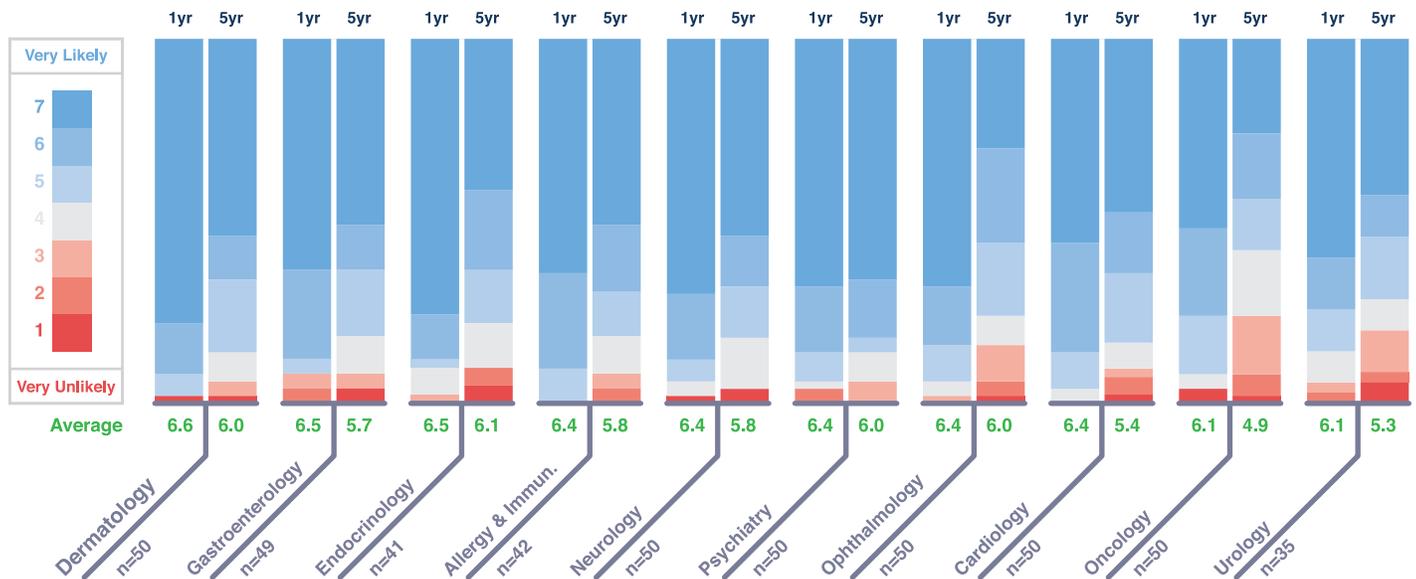


figure 2.

Q7: On a scale for 1 to 7 (where 1 = very unlikely and 7 = very likely) how likely will you be to participate in medical market research over the following timeframes? (Distribution of respondent likelihood of market research participation displayed within bars.)

specialties (5.7 on a 7-point scale), there is a dramatic drop in the self-reported likelihood that oncologists will continue to participate (from 6.1 to 4.9 on a 7-point scale). This is the greatest drop of any specialty. While the specific reasons for this decline did not fall within the scope of this study, it is likely that they include the increased time pressures, “burnout,” and retirement rates facing oncology as a field.

Negative User Experiences

Screener Questions

Market research surveys are burning out respondents on five to ten minutes of screener questions per survey. These time-consuming screeners are repetitive from survey to survey, and physicians, especially if they are on a panel, are reasonably expecting researchers to already know their answers to questions such as, “Are you board certified/eligible in your primary specialty?” or “How many years have you been in practice?”

Exacerbating the situation is the fact that after spending five to ten minutes answering screener questions, in many cases physicians find that, based on their responses, they do not qualify for the survey. As a result, they are not paid for the time they have put in. The fact that they are not paid is particularly problematic in cases in which screeners are used as “free research” (e.g., when the physician is told that they do not qualify for a study only after a 12-question screener section).

Length

Many market research surveys are far longer than they need to be, which not only leads to a negative user experience, but also means that physicians do not have the time to complete as many surveys as they might otherwise. Repetitive screeners account for part of the unnecessary length, as do too many “nice to know,” or worse, “might as well ask,” questions tacked on. An additional culprit is the combination of multiple methodologies in one survey.

In MedSurvey’s internal study, respondents frequently cited length as a concern. For example, one physician suggested that market research make surveys “short, easy to answer,” and another asked that researchers “be honest about the estimated length.”

Device Usage

Today, consumers expect every website they visit or message they open to be optimized for their mobile devices. No major store would make it challenging to shop online by phone or tablet; they would lose customers and potentially millions of dollars in revenue. Yet many market research surveys, perhaps to save time on the back end, are not properly optimized for mobile.

MedSurvey’s study found that respondents use mobile devices (phones or tablets) to complete surveys over one third of the time (36%). A previous internal MedSurvey study of 200 physicians, conducted in December 2018, found that the percentage of respondents accessing surveys using mobile devices is steadily increasing, from 23% in 2016 to 37% in 2018. Moreover, the vast majority (80%) had attempted to take a survey on a smartphone at least once. This trend toward mobile usage can only be expected to continue as society becomes more reliant on mobile technology for day-to-day living.

If physicians cannot easily complete surveys using mobile devices, they will be less likely to participate. Many respondents to MedSurvey’s survey cited concerns about mobile device optimization as a major area for improvement. Asked what medical market research could do to facilitate their participation in research, respondents stated: “Make everything work on the smartphone,” “Easier navigation on smart phone or iPad,” and “Surveys optimized for tablet and phone,” among many similar responses.

Beyond alienating potential survey respondents, there is another critical reason to ensure that all surveys are mobile-friendly. Figure 3 depicts a hypothetical survey,

not properly optimized for mobile devices, as it would appear on a smartphone. Because not all answer choices appear on the screen, when physicians attempt to complete this survey on a mobile device, there is the potential for one third of the data to be skewed. As a result, end-users are likely to receive inaccurate results that could lead to costly business mistakes.

Recommendations For Market Research

In order to retain panelists and remain viable over the long-term, the medical market research industry needs to focus more on retention—especially how the survey experience can be improved—and less on how to achieve a fast turnaround or a cheap outcome. It is critical to remember that the cost of acquisition of a new respondent is much higher than the cost of keeping a current respondent satisfied. In the case of oncology, given the rapid expansion

Project Sample Goal Attained BUT 1/3 of Data Could Be Skewed

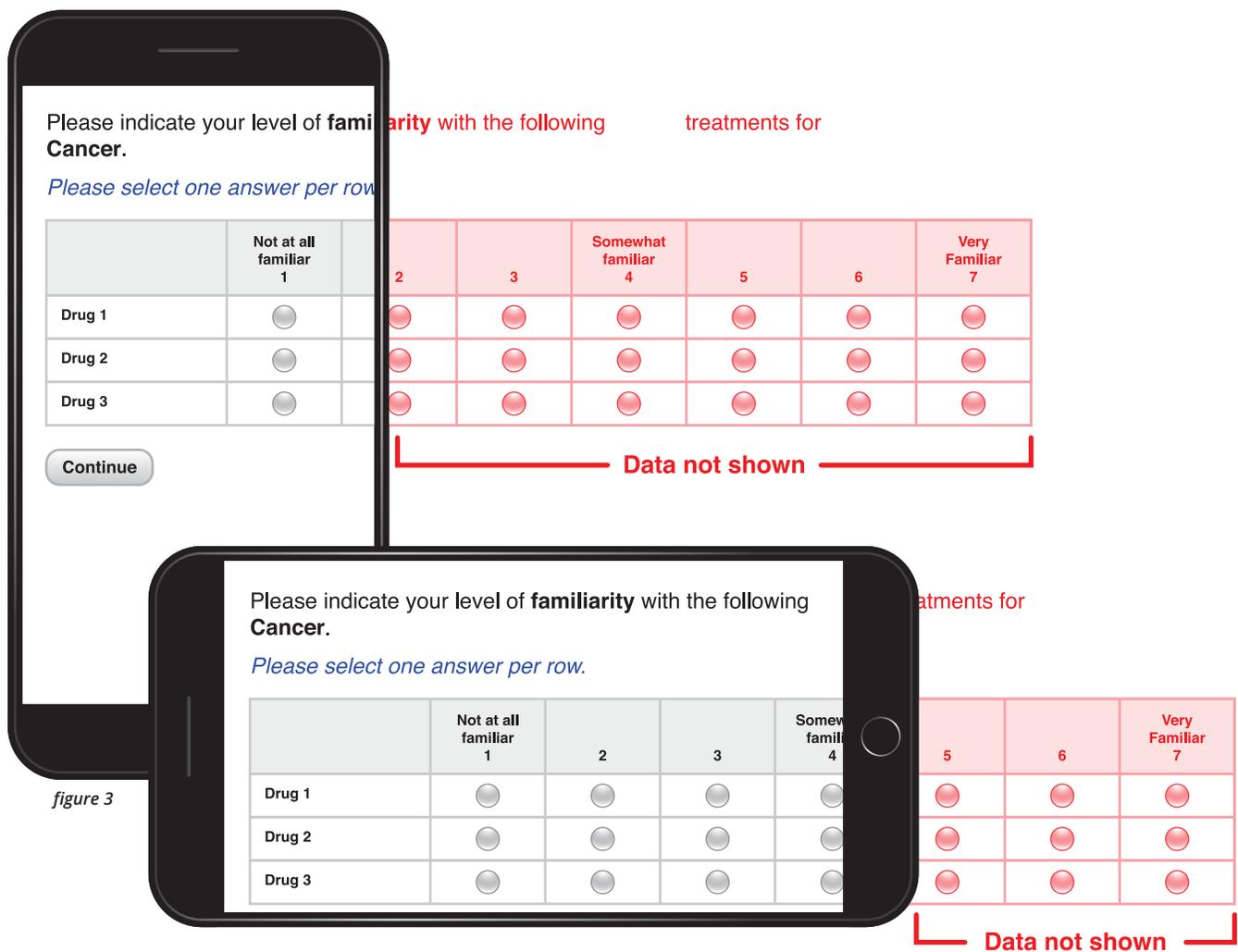


figure 3

of demand in comparison to supply, retention of survey respondents should be an absolute priority. And it needs to be addressed immediately.

In the short-term, the key is to treat respondents like valuable customers, not inventory. Researchers should put themselves in respondents' shoes: "Would I do this survey? Would I enjoy doing this survey? Would I give thoughtful answers?"

In the long-term, the medical market research industry will likely need to evolve along with the field of oncology. This may mean conducting research in different but equally informative ways that will still allow for end-clients to make sound business decisions.

Short-Term Solutions

Internal Databases

Lengthy sections of screener questions are problematic when used repeatedly, but initially they provide a valuable resource to market researchers. The information gleaned from screener questions needs to be rolled back into internal databases. At a moderate short-term cost of time, maintaining an internal database has significant long-term value.

First, profiling panelists ahead of time can streamline screening so that instead of repeating the same screener questions on each survey, surveys can be shortened, making them more user-friendly and more likely to be completed.

Second, by maintaining an internal database with information from previous screener questions, market research can more efficiently target physicians for a specific study. Instead of sending a broad invite out for which only a small number of physicians will qualify, subspecialties can be specifically targeted, ensuring that the "right" physician receives a survey.

Third, prior profiling of panelists can help to alleviate invite over-saturation (or inbox-overload). Because physicians will be invited to fewer studies for which they do not

qualify, and fewer studies in total, more invites are likely to be opened and more surveys completed.

As an additional note on invite over-saturation, it is also critical to avoid oversampling. Often, more doctors are invited to surveys than are actually needed to determine statistical significance for a study. Care should be taken to avoid recruiting extra survey respondents unnecessarily.

Limit Length

When physicians receive shorter surveys now, they are more likely to be willing to complete surveys in the future—and perhaps have time for an additional survey as well. Screeners should be limited only to those absolutely necessary, scope creep should be minimized, multiple methodologies should not be combined into a single study unless it is logical to do so, and "must know" questions should be isolated from questions that are merely "nice to know" or "might as well ask."

Fair Pay

Physicians should be fairly compensated for their time. If they are asked to complete five to ten minutes of screener questions, only to discover that they are disqualified from the survey and will not be paid, this creates a disincentive for them to continue to participate in surveys. It is worth considering compensating them for the time that they did put into the survey, even when they do not qualify.

Mobile-Friendly Interfaces

It is critical that medical market research moves into the 21st century and makes all surveys mobile-friendly. Not only should there be a mobile-friendly interface, but questions should be designed so that they can realistically be answered on a mobile device. For example, respondents to MedSurvey's survey indicated that numbers should be able to be checked off rather than entered manually on the phone, and that studies should be able to be answered by clicking on options rather than manually entering them. In the event that a survey must be too complex to be easily

navigated via mobile phones, this needs to be clearly stated upfront in the invitation to participate.

Long-Term Evolution

Qualitative Research

As oncology research becomes more specific and the national shortage of oncologists grows, there will likely be fewer oncologists specializing in any given therapeutic niche. It is possible that in some cases, there simply will not be enough physicians for the results of a quantitative study to reach statistical significance.

In these cases, the medical market research field may need to look beyond raw numbers and be open to conducting qualitative research. In-depth phone interviews, for example, may yield a large amount of information across a much smaller number of respondents, providing pharmaceutical companies with the same high quality of information that a larger quantitative study would yield.

Moving Beyond Physicians

Oncology may not be at a breaking point, but rather at a turning point. In 2014, ASCO reported an increased use of nonphysician providers in oncology (e.g., certified oncology nurses, nurse practitioners, and physician assistants) (ASCO 2014). The National Center for Health Workforce Analysis estimated that advanced practice nurses (APNs), many of whom specialize in oncology, would grow at a rate of 141% over the period from 2010 to 2025 in comparison to 21% physician growth (Cataldo et al. 2016). And others have suggested that the most viable way to offset the projected shortage in oncologists is to train advanced-practice practitioners for oncology (Bajoren et al. 2014).

If the oncology field resolves the gap between the demand for oncologists and the supply of oncologists by creating new supply through specially trained nonphysician providers, medical market research may need to follow suit. Research demand for oncologists may also need to generate new supply by beginning to survey advanced-

practice practitioners such as nurses and physician assistants. The industry should remain open to the possibility of evolving as oncology evolves.

Conclusion

At the same time that the nation faces a shortage of oncologists, pharmaceutical companies have an increasing need for their participation in research studies. Medical market research companies will be seeking out respondents who are busier than ever before and who are already reporting high levels of “burnout.” Many existing panelists will have retired. And an increasing number of niche therapeutic areas with fewer oncologists specializing in each will mean fewer oncologists will qualify for research studies. Especially concerning is the fact that MedSurvey has found that oncologists report a dramatic drop in their likelihood of completing market research surveys five years from now, and are already overburdened with far more participation invites than other specialties receive.

This paper has outlined key ways in which the medical market research industry is exacerbating this problem by contributing to “inbox-overload” and negative user experiences related to lengthy and repetitive screener sections, unnecessarily long surveys, and failure to optimize surveys for mobile devices. Ultimately, it has recommended that swift action be taken in the form of building internal databases based on screener questions, limiting the length of surveys, providing fair pay to physicians, and ensuring that surveys are mobile-friendly. In the long-term, there may be a need to shift research strategies in certain cases to consider qualitative research methods and including non-physician medical specialists. It is critical that the medical market research industry as a whole begins to take immediate action in order to avoid a crisis in which medical market research in oncology becomes unviable. Continued monitoring of the state of the oncology field and oncology market research will also be essential for generating new insights and continuing to build creative solutions.

Appendix

1. What is your primary medical specialty?

- Oncology
- Endocrinology
- Etc.

2. In a typical week, how many hours, in total, do you dedicate to your medical profession (i.e. direct patient care, administration, continuing medical education, etc.)?

_____ hours per week

3. In a typical week, how many invitations do you receive to participate in medical market research?

_____ survey invitations per week

4. Of those [INSERT S3 RESPONSE] survey invitations you receive in a typical week, how many do you attempt to take?

_____ surveys attempted per week

5. Of those [INSERT S3 RESPONSE] survey invitations you receive in a typical week, how many do you successfully complete?

_____ surveys completed per week

6. When participating in market research surveys, what percent of the time do you use the following devices? [RANDOMIZE, ANCHOR "OTHER"]

_____ % Phone

_____ % Computer

_____ % Tablet (i.e. iPad, Galaxy, Fire, Surface, etc.)

_____ % Other device (please specify) _____

[SUM MUST EQOAL 100%]

7. On a scale for 1 to 7 (where 1 = very unlikely and 7 = very likely) how likely will you be to participate in medical market research over the following timeframes?

_____ 1 year from now (1) - (2) - (3) - (4) - (5) - (6) - (7)

_____ 5 years from now (1) - (2) - (3) - (4) - (5) - (6) - (7)

8. Is there a survey length at which you would not participate, regardless of honoraria offered?

- Yes
- No

9. [SHOW IF Q7=YES] At what survey length would you not be interested in participating?

_____ minute length of interview

10. What could medical market research industry do better to facilitate your participation in research?

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About The Authors



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Gennadiy has over 17 years of experience in medical market research and is considered a subject matter expert. He's currently the Vice President of Operations and Finance at MedSurvey. Gennadiy is a graduate of Drexel University with a degree in Information Science and Technology.



Nick Lapolla

Over the last 15 years, Nick has held a variety of roles with increasing responsibility in both full-service market research firms and panel companies. As a thought leader, Nick has presented a plethora of market research topics to various audiences, and most notably was awarded the 2019 PMRC Award of the Year for his presentation at the Pharmaceutical Market Research Conference. He is currently the Director of Sample. Nick is a graduate of the College of New Jersey with a degree in Psychology.

About MedSurvey

MedSurvey helps organizations conduct market research surveys with knowledgeable healthcare professionals and patients. Although the company has been around for over 40 years it operates more like a start-up, continuing to innovate and share its thought leadership in an effort to better the industry. For more information, visit www.medsurvey.com.