

# How Do You *Really* Know?

Using the iPad to Answer the Impossible



# Today ...



| Agenda        |
|---------------|
| SalesVillage™ |
| Live Events   |
| Training      |



# What Do You *Really* Want to Know?



The metrics behind the sales results?

Can they demonstrate the critical behaviors?

Was the training we provided worth the expense?

Are there critical skill and knowledge gaps?

Is the sales force ready to drive product sales?

How do we know the managers are coaching the right behaviors?

# SalesVillage™: Amgen and Performance Impact



# What Amgen *Really* Wanted to Know



## Can our Representatives

...



- ✓ Effectively engage in a customer- centric discussion?
- ✓ Address customer objections and competitive issues?
- ✓ Articulate strategic messaging?
- ✓ Effectively position product within the sales portfolio?





# SalesVillage™: Amgen and Performance Impact



## Primary objective:

- to create a competitive environment that **drives accountability** and **knowledge retention** through the use of sophisticated technology and targeted pull-through coaching opportunities

## Sales Village Benefits:

- Rigorous product and selling skills certification
- Enables a unique & engaging learning experience
- Garner motivation and excitement through competition
- Attains immediate metrics
- Fosters a sense of accountability and ownership
- Provides sustained performance through targeted coaching

# SalesVillage™ Components

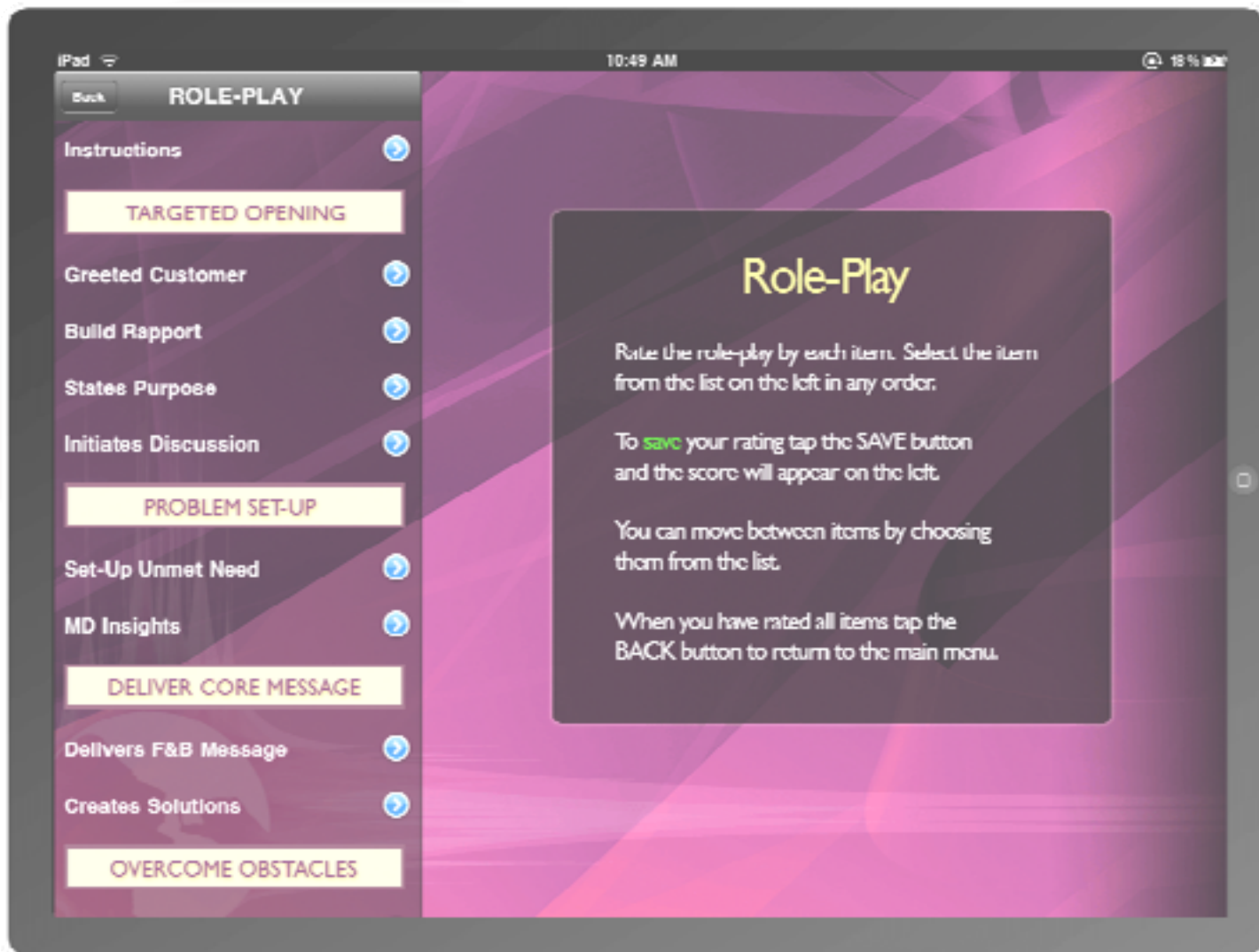
- Knowledge Check Assessments
  - Test Knowledge  
(Product, clinical, disease state, etc.)
  - Variety of Question Types  
(Multiple choice, open text, etc.)
  - Utilizes Real-Time Scoring



- Certification / Role-Play Skill Practice
  - Test Knowledge, Ability, and Skills
  - Customizable Scenarios Reflecting Real-Life Interactions
  - Assess Across Observable Behaviors and Competencies



# SalesVillage™: Not Your Average Role-Play



# SalesVillage™: Real-Time Skill Assessment

The screenshot shows an iPad interface for a role-play assessment. The top status bar indicates 'iPad', signal strength, '10:50 AM', and battery level at '10%'. The app header is 'ROLE-PLAY' with a 'Back' button. A left sidebar lists assessment stages: 'Instructions', 'TARGETED OPENING', 'Greeted Customer' (score 1), 'Build Rapport' (score 3), 'States Purpose' (score 0), 'Initiates Discussion' (score 3), 'PROBLEM SET-UP', 'Set-Up Unmet Need', 'MD Insights', 'DELIVER CORE MESSAGE', 'Delivers F&B Message', 'Creates Solutions', and 'OVERCOME OBSTACLES'. The main area displays the 'Initiates Discussion' item with a 'SAVE' button. It prompts the user to 'Rate this item based on your expectations:' and shows a slider scale from 0 to 4. The scale has labels 'Does Not Meet' at 0, 'Meets' between 2 and 3, and 'Far Exceeds' at 4. The slider is currently positioned at 3.

iPad 10:50 AM 10%

Back ROLE-PLAY

Instructions

TARGETED OPENING

Greeted Customer 1

Build Rapport 3

States Purpose 0

Initiates Discussion 3

PROBLEM SET-UP

Set-Up Unmet Need

MD Insights

DELIVER CORE MESSAGE

Delivers F&B Message

Creates Solutions

OVERCOME OBSTACLES


Initiates Discussion SAVE

Rate this item based on your expectations:

Does Not Meet Meets Far Exceeds

0 1 2 3 4

# Linked to Amgen's Models and Processes



| Behavior                            | Successful Representatives:                                                                                                                        | Exceptional Representatives:                                                                                                                                                                                                                                           |
|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Pre-Call Planning</b>            | Planned calls based on the information they wanted to share.                                                                                       | Organized call plans based on the customer's needs, issues, or goals.                                                                                                                                                                                                  |
| <b>Opening</b>                      | Used marketing messages to gain customer interest; typically used the same message for every customer.                                             | Used the approved clinical, disease state, patient profile, industry, and customer information to gain interest and develop customer-specific openings in accordance with business unit-specific guidelines.                                                           |
| <b>Investigating</b>                | Asked about the customer's issues only as they related to the Amgen product or related disease state.                                              | Drew upon in-depth industry, clinical, and customer knowledge to ask about the individual customer's goals and objectives.                                                                                                                                             |
| <b>Addressing Needs</b>             | Presented non-customer-specific marketing messages using a visual aid as the centerpiece of the discussion.                                        | Used facts and data as the basis for a customer-specific dialogue. Used the visual aid or other approved resources to support a larger discussion about relevance of the information to a specific patient group in accordance with business unit-specific guidelines. |
| <b>Closing / Gaining Commitment</b> | Usually ended calls by asking customers to prescribe more of the product for appropriate patients without assessing a particular customer's needs. | Asked customers for a variety of incremental actions that moved the customer toward a larger goal, including, but not limited to, prescribing the product in the appropriate patients.                                                                                 |
| <b>Post-Call Analysis</b>           | Analyzed the customer's reactions to what was said by the Representative during the call.                                                          | Analyzed the call within the context of the customer's business and how the call impacted overall goals / strategies.                                                                                                                                                  |



# Real-Time Competition

## Results displayed on leaderboards for:

- Individual standings
- District standings
- Regional standings



## View multiple levels of performance

- Individual
- District / Team
- Regional
- National



# Generating Excitement & Accountability



**PERFORMANCE  
IMPACT**

Building the people who build your success

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# Reports

## Knowledge-Check Assessments

### District Assessment Heat Map



### Question Analysis

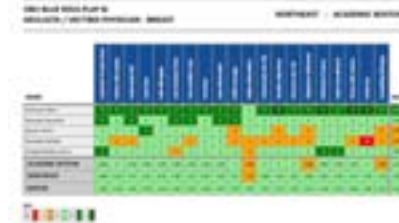


### Individual Coaching Report



## Role-Play Skill Assessments

### District Role-Play Map



### Individual Role-Play Report



# District Assessment Heat Map

OBU BLUE ASSESSMENT

NORTHEAST - ACADEMIC BOSTON

| NAME            | Question 1 | Question 2 | Question 3 | Question 4 | Question 5 | Question 6 | Question 7 | Question 8 | Question 9 | Question 10 | Question 11 | Question 12 | Question 13 | Question 14 | Question 15 | Question 16 | Question 17 | Question 18 | Question 19 | Question 20 | AVG    |
|-----------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------|
| Rep 1           | 100        | 100        | 100        | 100        | 100        | 100        | 100        | 100        | 100        | 100         | 100         | 100         | 100         | 100         | 100         | 100         | 100         | 100         | 100         | 100         | 100.00 |
| Rep 2           | 100        | 100        | 100        | 100        | 100        | 100        | 100        | 100        | 0          | 100         | 100         | 100         | 0           | 100         | 100         | 100         | 0           | 100         | 100         | 100         | 85.00  |
| Rep 3           | 100        | 100        | 100        | 100        | 100        | 100        | 100        | 100        | 100        | 100         | 100         | 100         | 100         | 100         | 100         | 100         | 100         | 100         | 100         | 100         | 100.00 |
| Rep 4           | 100        | 100        | 100        | 0          | 100        | 100        | 0          | 0          | 0          | 100         | 100         | 100         | 100         | 100         | 0           | 100         | 0           | 0           | 0           | 100         | 60.00  |
| Rep 5           | 100        | 100        | 0          | 100        | 100        | 100        | 100        | 100        | 100        | 100         | 100         | 100         | 100         | 100         | 100         | 100         | 100         | 100         | 100         | 100         | 95.00  |
| ACADEMIC BOSTON | 100        | 100        | 80         | 80         | 100        | 100        | 80         | 80         | 60         | 100         | 100         | 100         | 80          | 100         | 80          | 100         | 60          | 80          | 80          | 100         | 88.00  |
| NORTHEAST       | 100        | 100        | 95.45      | 90.91      | 100        | 100        | 72.73      | 86.36      | 68.18      | 100         | 100         | 100         | 86.36       | 100         | 95.45       | 100         | 77.27       | 86.36       | 90.91       | 95.45       | 92.27  |
| NATION          | 98.92      | 98.39      | 99.46      | 95.70      | 100        | 99.46      | 80.65      | 94.62      | 76.88      | 100         | 98.92       | 98.92       | 83.33       | 98.92       | 94.62       | 99.46       | 90.86       | 91.94       | 98.92       | 97.31       | 94.87  |

## KEY

|           |  |
|-----------|--|
| 0 - 49%   |  |
| 50 - 74%  |  |
| 75 - 100% |  |

# Question Analysis

## ASSESSMENT 1

## QUESTION ANALYSIS

### QUESTION 1

Patients with Medicare Part D coverage are eligible for the Prolia® co-pay coupon.

a) TRUE  
7.87 % (25)

b) FALSE  
92.13 % (404)

Total Responses: 429

### QUESTION 2

By law, Medicare Administrative Contractors (MACs) have 30 days to respond to a claim with either payment, denial, or request for additional information, even for claims submitted with miscellaneous J-codes.

a) TRUE  
95.37 % (408)

b) FALSE  
4.63 % (19)

Total Responses: 429

### QUESTION 3

Patients and providers can learn more about independent co-pay foundations by contacting ProliaPlus®.

a) TRUE  
99.06 % (425)

b) FALSE  
0.94 % (4)

Total Responses: 429

### QUESTION 4

The availability of Prolia® Part D coverage means that Part B coverage is no longer available for Prolia®.

a) TRUE  
0 % (0)

b) FALSE  
100 % (429)

Total Responses: 429

### QUESTION 5

Among other information, the payer coverage report can tell you the most relevant payers for individual physicians you call on.

a) TRUE  
100 % (429)

b) FALSE  
0 % (0)

Total Responses: 429

### QUESTION 6

Offices can submit insurance verification requests and receive summary of benefits reports through ProliaPlus® Online.

a) TRUE  
91.80 % (401)

b) FALSE  
8.20 % (34)

Total Responses: 430

# District Role-Play Map

## OBU BLUE ROLE-PLAY B: NEULASTA / VECTIBIX PHYSICIAN - BREAST

NORTHEAST - ACADEMIC BOSTON

| NAME            | Customer Focused Open | Review Information | Customized Call | Used Data | Links Messages | Uses Neulasta Tools | Uses Vectibix Tools | Transition | Uses Information | Builds message | Safety Information | Understands the Obj | Handles objections | Advances the Call | Objections Addressed | Reiterates Purpose | Seeks Commitment | Closes with Actions | Follow-Up | Compelling Message | AVG  |
|-----------------|-----------------------|--------------------|-----------------|-----------|----------------|---------------------|---------------------|------------|------------------|----------------|--------------------|---------------------|--------------------|-------------------|----------------------|--------------------|------------------|---------------------|-----------|--------------------|------|
| Rep 1           | 3                     | 3                  | 3               | 3         | 3              | 3                   | 3                   | 3          | 3                | 3              | 2                  | 3                   | 4                  | 3                 | 3                    | 4                  | 3                | 4                   | 4         | 3                  | 3.15 |
| Rep 2           | 3                     | 2                  | 3               | 2         | 2              | 3                   | 3                   | 2          | 3                | 3              | 2                  | 2                   | 2                  | 2                 | 2                    | 2                  | 2                | 2                   | 2         | 2                  | 2.50 |
| Rep 3           | 2                     | 2                  | 2               | 3         | 2              | 2                   | 2                   | 2          | 2                | 1              | 2                  | 2                   | 1                  | 2                 | 1                    | 2                  | 2                | 2                   | 2         | 1                  | 1.85 |
| Rep 4           | 2                     | 1                  | 1               | 2         | 2              | 2                   | 1                   | 2          | 2                | 1              | 1                  | 1                   | 1                  | 1                 | 1                    | 2                  | 2                | 1                   | 0         | 1                  | 1.15 |
| Rep 5           | 3                     | 2                  | 2               | 2         | 2              | 1                   | 2                   | 2          | 2                | 2              | 1                  | 2                   | 2                  | 2                 | 2                    | 3                  | 3                | 2                   | 2         | 2                  | 2.05 |
| ACADEMIC BOSTON | 2.60                  | 2                  | 2.20            | 2.40      | 2.20           | 2.20                | 2.20                | 2.20       | 2.40             | 2              | 1.60               | 2                   | 2                  | 2                 | 1.90                 | 2.60               | 2.40             | 2.20                | 2         | 1.90               | 2.14 |
| NORTHEAST       | 2.90                  | 2.14               | 2.27            | 2.32      | 2.23           | 2.36                | 2.27                | 2.23       | 2.45             | 2.27           | 1.73               | 2.09                | 2.32               | 2.32              | 2.05                 | 2.45               | 2.45             | 2.41                | 2.18      | 2.14               | 2.26 |
| NATION          | 2.40                  | 2.28               | 2.38            | 2.40      | 2.29           | 2.42                | 2.36                | 2.20       | 2.37             | 2.33           | 2.07               | 2.22                | 2.25               | 2.29              | 2.14                 | 2.26               | 2.51             | 2.39                | 2.26      | 2.31               | 2.31 |

### KEY



# Individual Role-Play Report

OBU BLUE ROLE-PLAY A:  
XGEVA UROLOGIST / OPM NEXT STEPS

KATHLEEN GOULETTE  
NORTHEAST - ACADEMIC BOSTON

0 = Not Observed (NO) - Task or skill was not observed | 1 = Development Needed (DN) - Insufficiently demonstrates competence | 2 = Achieves (A) - Sufficiently demonstrates competency | 3 = Exceeds (E) - Enhanced level of competency demonstrated | 4 = Far Exceeds (FE) - Mastery and exemplary competency demonstrated

AVG:  
1.75

| BEHAVIOR                                                                                   | WAO | DN (1) | A (2) | E (3) | FE (4) |
|--------------------------------------------------------------------------------------------|-----|--------|-------|-------|--------|
| Uses a customer-focused opening and established a good rapport                             |     |        | ✓     |       |        |
| Reviews relevant information                                                               |     |        | ✓     |       |        |
| Customized the call opening based on the scenario                                          |     |        | ✓     |       |        |
| Uses and understands the relevant data & information                                       |     |        | ✓     |       |        |
| Links appropriate messages to the scenario                                                 | ✓   |        |       |       |        |
| Effectively uses XGEVA™ tools and visual aids                                              |     |        | ✓     |       |        |
| Uses information from multiple sources or places in the tools                              |     |        | ✓     |       |        |
| Builds a compelling overall message                                                        |     |        | ✓     |       |        |
| Discusses the important safety information and offers prescribing information              | ✓   |        |       |       |        |
| Seeks to understand objections                                                             |     |        | ✓     |       |        |
| Handles objections with appropriate tool / information                                     |     |        | ✓     |       |        |
| Uses objections to further advance the call                                                |     |        | ✓     |       |        |
| Assures the objections have been addressed                                                 |     |        | ✓     |       |        |
| Reiterates purpose of the call                                                             |     |        | ✓     |       |        |
| Seeks to gain realistic commitments                                                        |     |        | ✓     |       |        |
| Closes the call with clear and appropriate requests for mutually-agreed-to actions         |     |        | ✓     |       |        |
| Sets an expectation for follow-up                                                          |     |        | ✓     |       |        |
| Delivers an overall compelling message                                                     |     | ✓      |       |       |        |
| Representative appropriately reviews available A&P resources including Angen Assist™, etc. |     |        | ✓     |       |        |
| Seeks to gain realistic commitments                                                        |     |        | ✓     |       |        |

## COMMENTS

### Developmental Areas

Product knowledge & going through training will give her more comfort for future calls.



# Individual Coaching Report

## COACHING REPORT

KRISTIN GAYNOR  
NORTHEAST - ACADEMIC BOSTON

### ROLE-PLAY - AVERAGE SCORES

|            | Blue A:RGVA Urologist | Blue B:Neulasta/Vectibix MD Breast | Blue C:Neulasta/Vectibix MD NHL |
|------------|-----------------------|------------------------------------|---------------------------------|
| Individual | 2.30                  | 1.85                               | 2.30                            |
| District   | 2.45                  | 2.54                               | 2.26                            |
| National   | 2.49                  | 2.35                               | 2.35                            |

### ROLE-PLAY - FEEDBACK

| Blue A:RGVA Urologist              |                                         |
|------------------------------------|-----------------------------------------|
| Overall Strengths                  |                                         |
| Blue B:Neulasta/Vectibix MD Breast |                                         |
| Overall Strengths                  | Comprehensive and thorough              |
| Developmental Areas                | Address my objections with more impact. |
| Comments                           | Good overall                            |
| Blue C:Neulasta/Vectibix MD NHL    |                                         |
| No comments                        |                                         |

### ROLE-PLAY - STRENGTHS

Items scoring a 3 or 4

| Blue A:RGVA Urologist                                                                        | Blue B:Neulasta/Vectibix MD Breast | Blue C:Neulasta/Vectibix MD NHL |
|----------------------------------------------------------------------------------------------|------------------------------------|---------------------------------|
| Understands the Old<br>Handles objections<br>Objections Addressed<br>Sets/Reinforces Purpose | Used Data                          | Used Data<br>Uses Information   |

### ROLE-PLAY - DEVELOPMENT AREAS

Items scoring a 0 or 1

| Blue A:RGVA Urologist | Blue B:Neulasta/Vectibix MD Breast                                                 | Blue C:Neulasta/Vectibix MD NHL |
|-----------------------|------------------------------------------------------------------------------------|---------------------------------|
| None                  | Builds message<br>Handles objections<br>Objections Addressed<br>Compelling Message | None                            |

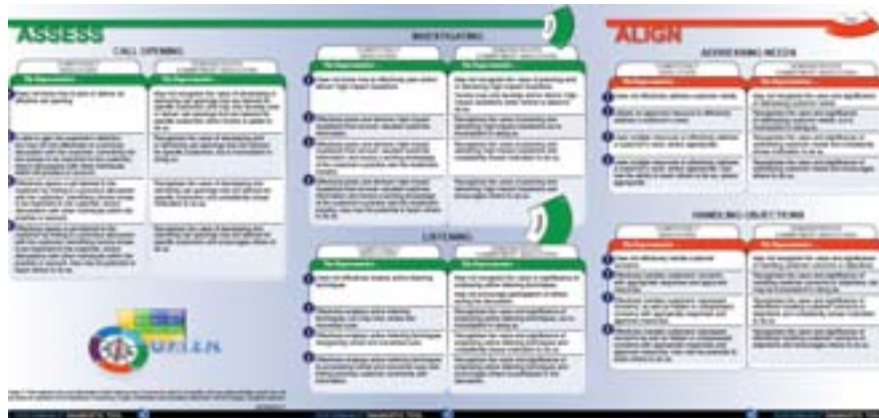
## COACHING REPORT

KRISTIN GAYNOR  
NORTHEAST - ACADEMIC BOSTON

### ASSESSMENT - PERCENTAGE CORRECT

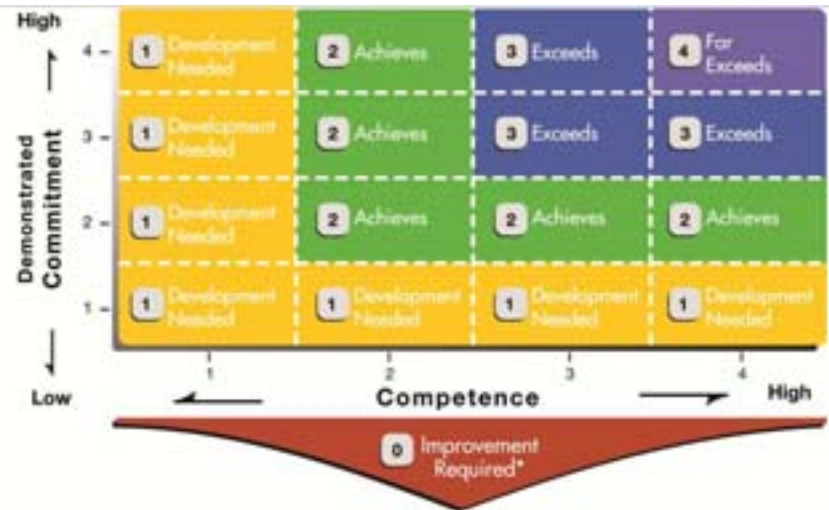
|            | Blue Assessment |
|------------|-----------------|
| Individual | 100.00          |
| District   | 88.00           |
| National   | 94.87           |

# SalesVillage™ for Sustained Performance



Targeted training based on SalesVillage™ results

Targeted coaching based on SalesVillage™ results



\*An Improvement Required skill rating requires a Corrective coaching approach and should be handled by the Field Manager in conjunction with an HR partner.

# Live Events

## Answering the Impossible with iPads



# Adding IMPACT to Events and Meetings

- Live surveys
- Pre- / Post-training assessments
- Audience response with live results
- Ask a question, Q&A management
- Audience polling / pulse check
- Course correction



- SalesVillage™
- Interactive general sessions
  - Speaker training / KOL workshops
- Training curriculums

# Driving Performance to the Next Level

## Impact, Attention, Retention, and Results

- Engage Participants through constant interactivity.
- Access immediate results for real-time course correction.
- Collect, review, and respond to audience questions.
- “Green” your meeting with the iPad functionality.






# Speaker Training

Back

Presenter Biographies




DR. NEAL SHORE

DR. KURT TAUER

Amgen

11:24 AM

93%



Neal D. Shore, MD, FACS

Director, Certified Physician Investigator  
Carolina Urologic Research Center  
Managing Partner,  
Atlantic Urology Clinics  
Myrtle Beach, South Carolina

Neal D. Shore, MD, FACS, is the medical director of the Carolina Urologic Research Center in Myrtle Beach, South Carolina, and the managing partner for Atlantic Urology Clinics, where he participates in a full-time clinical practice. Dr. Shore attended Duke University and Duke Medical School in Durham, North Carolina. He performed a 6-month clinical research fellowship in Pretoria, South Africa, and then completed his general surgery/urology training at New York Hospital Cornell Medical Center/Memorial Sloan-Kettering Cancer Center in New York City.

Dr. Shore has conducted more than 150 clinical trials, focusing mainly on prostate and bladder disease.

He is a certified physician investigator who has numerous publications in peer-reviewed journals and has lectured extensively on the treatment of prostate cancer and prostate enlargement.

Dr. Shore serves on several industry advisory boards as well as academic and advocacy networks, including the Society of Urologic Oncology Clinical Trials Consortium (SUO-CTC), SUO Executive Board, Bladder Cancer Advocacy Network (Science Committee), Large Urology Group Practice Association (Executive and Program Committee's), National Cancer Institute Genitourinary Science Steering Committee, and American Urological Association Committee on Male Health.



# Ask a Question

iPad 11:24 AM 93%

Back Live Events

**AMGEN®**

QUESTIONS RESPONSES MODERATOR

PRE-ASSESSMENT

PRESENTER BIOGRAPHIES

PRESENTATION

RESOURCES

POST-ASSESSMENT

SURVEY

Amgen

Oncology

Ask a Question

How long do you recommend holding medication prior and post dental procedures? **LIVE**

What to do if patient in every 3 weeks for treatment? **MARKED PRESENT**

When do you usually see the hypocalcemia occur? **MARKED PRESENT**

Are you switching your patients? **MARKED PRESENT**

It appears that rate of onj went up over time, can you comment? **MARKED PRESENT**

What is the mechanism around dyspnea? **MARKED PRESENT**

The risk reduction is an absolute risk vs relative risk **MARKED PRESENT**

In the breast treatment arm, was there a subset breakout of estrogen/progesterone positive? **MARKED PRESENT**

What is your recommendation for treating patients with a CrCl less than 30, as these patients were excluded from clinical trials? **MARKED PRESENT**

What is recommended in correcting low vitamin d levels? **MARKED PRESENT**

Some patients are on treatment every 21 days. How do you recommend dosing these patients? **MARKED PRESENT**

In clinical trials, was there an attempt to investigate use of product to treat hypercalcemia as a separate indication? Also was there any variability in dosing, i.e. 6 weeks versus 4? **MARKED PRESENT**

Is there any data about giving drug every 3 weeks, concurrent with many treatment protocols? **MARKED PRESENT**

Is it possible to supply in a pre filled syringe? **MARKED PRESENT**

# Ask a Question – Sample Data Received

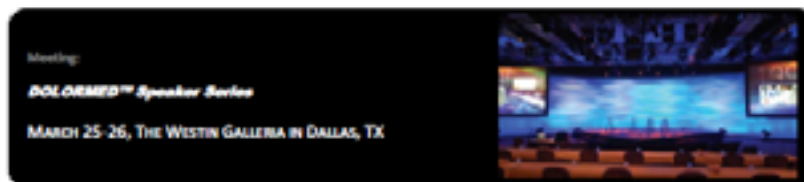
- Review questions from the audience as they are received.
- Live on speaker iPad or filtered through a moderator.
- Questions can provide insight to field-based customer concerns and / or objections.

| Name    | State | City         |            |        | Question                                                                                                                                |
|---------|-------|--------------|------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------|
| Lisa    | NC    | Durham       | Nurse      |        | How long do you recommend holding medication prior and post dental procedures?                                                          |
| Deborah | PA    | Philadelphia | Nurse      | marked | What to do if patient in every 3 weeks for treatment?                                                                                   |
| Jody    | AZ    | Sedona       | Nurse      |        | When do you usually see the hyocalcemia occur?                                                                                          |
| Kelley  | VA    | Norton       | Nurse      | marked | Are you switching your patients?                                                                                                        |
| James   | PA    | Pittsburgh   | Pharmacist |        | It appears that rate of onj went up over time, can you comment?                                                                         |
| Angel   | OH    | Columbus     | Pharmacist | asked  | What is the mechanism around dyspnea?                                                                                                   |
| Gustavo | FL    | Inverness    | Physician  |        | In the breast treatment arm, was there a subset breakout of estrogen/progesterone positive and Er/pr negative?                          |
| Scott   | NY    | New York     | Physician  |        | The risk reduction is an absolute risk vs relative risk                                                                                 |
| Lisa    | NC    | Durham       | Nurse      | asked  | What is your recommendation for treating patients with a CrCL less than 30, as these patients were excluded from clinical trials?       |
| Ben     | CA    | Pomona       | Physician  |        | What is recommended in correcting low vitamin d levels?                                                                                 |
| Tate    | MS    | Jackson      | Physician  |        | In clinical trials, was there an attempt to investigate use of product to treat hypercalcemia as a separate indication? weeks versus 4? |
| Andrea  | CT    | Westport     | Physician  |        | Some patients are on treatment every 21 days. How do you recommend dosing these patients?                                               |
| Deborah | PA    | Philadelphia | Nurse      |        | Is there any data about giving drug every 3 weeks, concurrent with many treatment protocols?                                            |
| Lisa    | NC    | Durham       | Nurse      |        | Is it possible to supply in a pre filled syringe?                                                                                       |

# AudienceLink™ Add IMPACT to Speaker Programs



About SpeakerLink: Inquiring minds want to know! Find out the key and frequently-asked questions asked at your event with answers directly from the speakers and presentation teams themselves. Transform your meeting experience!



## SPEAKER: MARK SUMMER

PRESENTATION: MARK SUMMER "DOLOORMED™ ONCOLOGY MARKETING UPDATE & VISUAL AID

### ? POSSIBLE TREATMENT. WHAT ARE THE MOST COMMON ADVERSE REACTIONS IN PATIENTS RECEIVING DOLOORMED™?

**A** The most common adverse reactions in patients receiving Dolormed (per-patient incidence greater than or equal to 25%) were fatigue/asthenia, hypophosphatemia, and nausea. The most common serious adverse reaction in patients receiving Dolormed was dyspnea. The most common adverse reactions resulting in discontinuation of Dolormed were osteonecrosis and hypocalcemia/Possible treatment.

### ? WHAT IS THE DOSAGE SIZE?

**A** 120 mg/1.7 ml (70 mg/ml) single-use vial. The recommended dose of Dolormed is 120 mg administered as a subcutaneous injection every 4 weeks in the upper arm, upper thigh, or abdomen. Administer calcium and vitamin D as necessary to treat or prevent hypocalcemia.

## SPEAKER: LINDA EVANS

PRESENTATION: "ACCESS AND REIMBURSEMENT PROGRAMS"

### ? PLEASE DESCRIBE THE MOA.

**A** Dolormed binds to RANKL, a transmembrane or soluble protein essential for the formation, function, and survival of osteoclasts, the cells responsible for bone resorption. Dolormed prevents RANKL from activating its receptor, RANK, on the surface of osteoclasts and their precursors. Increased osteoclast activity, stimulated by RANKL, is a mediator of bone pathology in solid tumors with osseous metastases.

Performance Impact Events – SpeakerLink

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## By Audience Type

ONCOLOGY TRAINING - BASELINE

HEAT MAP

| NAME       | Question 1 | Question 2 | Question 3 | Question 4 | Question 5 | Question 6 | Question 7 | Question 8 | Question 9 | Question 10 | Question 11 | Question 12 | Question 13 | Question 14 | Question 15 | Question 16 | Question 17 | AVG  |
|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|------|
| NURSE      | 88.7       | 88         | 88         | 88.3       | 43.3       | 88.8       | 88.4       | 97.1       | 88         | 88          | 97.9        | 50.4        | 88.5        | 8.5         | 100         | 88          | 88.8        | 88.8 |
| PHARMACIST | 88.2       | 88.8       | 88.3       | 88.8       | 88.8       | 88.8       | 77.8       | 88.8       | 88         | 88          | 88          | 88.4        | 77.8        | 88.8        | 88.8        | 88          | 88.8        | 88.8 |
| PHYSICIAN  | 88.8       | 88.8       | 88.8       | 88.8       | 88.8       | 88.8       | 88.8       | 88.8       | 88.8       | 88.8        | 88.8        | 88.8        | 88.8        | 88.8        | 88.8        | 88.8        | 88.8        | 88.8 |
| STATION    | 88.8       | 77.2       | 88.8       | 88.8       | 88.8       | 88.8       | 88.8       | 88.8       | 88.8       | 88.8        | 88.8        | 88.8        | 88.8        | 88.8        | 88.8        | 88.8        | 88.8        | 88.8 |

## By Individual

| NAME              | Question 1 | Question 2 | Question 3 | Question 4 | Question 5 | Question 6 | Question 7 | Question 8 | Question 9 | Question 10 | Question 11 | Question 12 | Question 13 | Question 14 | Question 15 | Question 16 | Question 17 | AVG   |
|-------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------|
| Asper, Carol      | 8          | 100        | 8          | 100        | 8          | 100        | 100        | 100        | 100        | 100         | 100         | 100         | 100         | 8           | 100         | 100         | 8           | 79.38 |
| Beers, Alice      |            |            |            | 8          | 100        | 100        | 100        | 100        | 100        | 100         | 100         | 100         | 100         | 8           | 100         | 100         |             | 94.62 |
| Carlyle, Rhonda   | 8          | 100        | 8          | 100        | 100        | 100        | 100        | 100        | 100        | 100         | 100         | 100         | 8           | 100         | 8           | 8           | 100         | 89.72 |
| Cegall, Tami      | 8          | 100        | 100        | 100        | 8          | 100        | 100        | 100        | 100        | 100         | 100         | 100         | 100         | 8           | 100         | 8           | 100         | 79.47 |
| Condon, Stephanie | 8          | 100        | 8          | 8          | 8          | 100        | 100        | 100        | 100        | 100         | 100         | 100         | 8           | 100         | 8           | 8           | 100         | 72.84 |
| Costi, Debra      | 8          | 100        | 8          | 100        | 100        | 100        | 100        | 100        | 100        | 100         | 100         | 100         | 8           | 8           | 8           | 8           | 100         | 70.81 |
| Costello, Loretta | 8          | 8          | 8          | 100        | 8          | 100        | 8          | 100        | 100        | 100         | 100         | 100         | 8           | 100         | 8           | 8           | 100         | 87.08 |

AudienceLink™ provides several options and formats for follow-up to the attendees post-meeting.



# What Do You *Really* Want to Know?

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**Booth 202**

