

#TrendTalks

TAKEAWAYS

HOW IS THE PHARMA INDUSTRY MARKETING IN 2018?

INSIGHTS FROM THE MARCH 14 #TRENDTALKS EVENT, WITH DATA, COMMENTARY FROM LEADING EXPERTS, AND THE BIG PICTURE ON BUDGETS

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Marc Iskowitz
Editor-in-chief
MM&M

HOW RESOURCES ARE ALLOCATED

MM&M's annual Healthcare Marketers Trend Report highlighted the industry's marketing-spend priorities for 2017. This benchmark survey provides candid insight into how pharma, biotech, and medtech firms are allocating promotional resources, as well as any anticipated challenges in engaging the three Ps: patient, provider, and payer.

In connection with the release of the trend report, MM&M hosted #TrendTalks in New York City on March 14. #TrendTalks is a new event format that gathers together biopharma's top commercial executives to discuss the data offered by the survey and to extract insights for use by other marketers.

Having these top pharma executives on hand provided us with an opportunity to do some quick polling on 2018 trends and to see how closely — or not — they match our recently released trend report. Based on the changes seen in the marketing mix last year, we asked them about their budget allocations for this year. Of course, the onsite sample was tiny in comparison to the written survey of 176 healthcare marketers (pharma, biotech, and device) director-level and above. Still, it does provide some interesting insight to see how marketers' projections for 2018 compare with 2017 allocations.

#TrendTalks is the first of a series of fresh live formats MM&M is exploring to respond to the developing needs of our audience. Look for more information on our events page or in your email on these timely and thought-provoking new events.

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PAYER MARKETING

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TOP-LINE BUDGETS

As overall spend looks set to increase, market access is a key concern

In MM&M's annual Health-care Marketers Trend Report, based on survey respondents' reported budgets for 2017 and 2016, the following shifts were calculated:

- **MEAN BUDGETS ROSE 6% TO \$8.4 MILLION LAST YEAR**
- **OVERALL, 63% INCREASED THEIR TOTAL BUDGET LAST YEAR (VERSUS 72% REPORTING AN INCREASE IN 2016), WITH THE PHARMA AND DEVICES AND DIAGNOSTICS SECTORS LEADING THE WAY**

Participants saw approvals as the biggest catalyst impacting 2018 marketing spend. 2017 was the FDA's most productive year ever for drug approvals.

"If you have a new approval in the form of a new product or indication, you're going to do a large push and spend more to get the message out," said Danny Galdo, VP, marketing, Amarin.

"If you're creating a market or a condition, you will be spending more," added Keith Pieper, director, marketing, reproductive health, Ferring Pharmaceuticals. "Pioneers don't always win. If you're a second follower, the pioneer already paved the way, so you might be better positioned."

At Shire, noted Vic Noble, VP, global head of brand value, "we are spending more and more on pre-approvals."

Christie Anbar, managing director, Chamberlain, Syneos Health, asked the group how the increasing delay in market access and the smaller uptick of product acceptance is impacting spend.

The shift in marketing spend, acknowledged BJ Swartz, former VP, U.S. managed markets,

Celgene, is toward patient support, rebates, co-pays, and hubs.

"You can have the greatest product in the world, but if you don't have market access, it's all for naught," she explained.

Even if you get approval, "unless an Accountable Care Organization (ACO) puts it on an internal formulary, there will be a slower increase in demand and utilization because of structures put in place," added Ferring's Pieper.

Speaking of which, the ongoing challenge for all pharma marketers and sales professionals is not just the shrinking access to HCPs, but consolidation. How do you respond to "the fragmentation of the market, with the formation of large health systems, ACOs, and Integrated Delivery Networks (IDNs)?" posed Tracy Doyle, CEO, Phoenix Marketing Group. "In the old days, you just spent money and time on getting the message out."

"Thank God for marketers," quipped Pieper. But acknowledging the challenges to physician access, he cited the emergence of specialty pharma, device, and different diagnostic companies in certain therapeutics, such as reproductive health, that are also competing for the HCP's time.

"There are a lot of companies springing up that weren't there 10 years ago," he noted.

Even if a brand makes its way onto an IDN or ACO formulary, how are marketers achieving pull-through and getting the message out?

Much of it has to do with how the drugmaker allows HCPs to access the product, explained Swartz. Is it a wide-open network or, as in the case of rare disease indications, a limited or exclusive network? "If you're going to shut down the IDN and other specialty pharmacy and dispensing officers in pharmacology, how do you navigate through a larger practice?"

One variable not considered much of a factor right now — at least in marketing spend — is the political landscape. While there are some interesting dynamics, the consensus is that until something is actually executed by the government, it doesn't have much of an impact.

"From a political perspective, the marketing budget is impacted if the government puts controls in place or looks at how Medicare prices products — and whether a net profitability for a product changes dramatically," said Joe Denney, associate VP, Sanofi.



#TRENDTALKS PARTICIPANTS

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- **TRACY DOYLE, CEO,** Phoenix Marketing Group (sponsor)
- **CHRISTIE ANBAR, MANAGING DIRECTOR,** Chamberlain, Syneos Health (sponsor)
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- **BJ SWARTZ, FORMER VP, U.S. MANAGED MARKETS,** Celgene
- **KEITH PIEPER, DIRECTOR, MARKETING, REPRODUCTIVE HEALTH,** Ferring Pharmaceuticals
- **JOE DENNEY, ASSOCIATE VP,** Sanofi
- **VIC NOBLE, VP, GLOBAL HEAD OF BRAND VALUE,** Shire
- **ROBERT NOBLE, DIRECTOR, MARKETING,** Tris Pharma

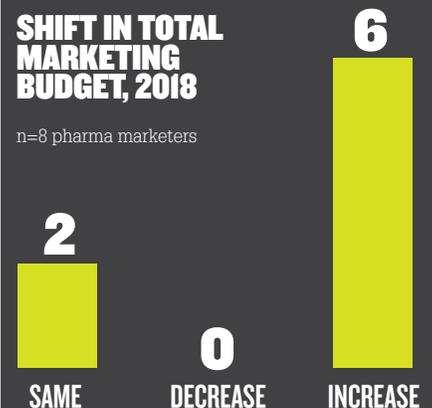
QUICK POLL

Given these changes in the media mix last year, do you expect the overall spend trend to continue into 2018?

Six #TrendTalks participants said they plan to increase their overall marketing spend in 2018 versus 2017. Two expected it to stay the same and none reported a decrease.

SHIFT IN TOTAL MARKETING BUDGET, 2018

n=8 pharma marketers



A hand is shown holding a coin over a bowl filled with coins. The background is a solid orange color. The text '8 out of 10' is prominently displayed in large, bold, white letters.

8 out of 10

healthcare marketers are increasing their budgets to reach HCPs, payers and patients.

MM&M's 2018 Healthcare Marketers Trend Report

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PROVIDER MARKETING

HCPs still the leading priority for pharma's promotional efforts

Following a look at overall marketing spend, #TrendTalks participants took a deep dive into marketing efforts directed toward both individual HCPs and organized providers such as health systems.

MM&M's annual Healthcare Marketers Trend Report found that when looking at provider, patient, and payer markets, the HCP marketing spend still led in terms of budget and perceived importance to marketers. The report also revealed these trends:

- **THERE WAS A SLIGHT DECREASE IN CHANNEL MIX, FROM 60% IN 2016 TO 58% IN 2017**
- **THERE WAS AN INCREASE IN THOSE SPENDING MORE TO REACH THIS AUDIENCE: 57% SAID THEY INCREASED THEIR OVERALL HCP MARKETING BUDGET IN 2017, VERSUS 50% WHEN ASKED IN 2016**
- **35% KEPT BUDGET THE SAME (VERSUS 42% THE YEAR PRIOR) AND 7% DECREASED IT**

Looking at variables that will impact professional budgets the most, #TrendTalks participants discussed the size of the sales force, non-personal promotion (NPP) and personal promotion, targeting ancillaries, sharing real-world evidence with key opinion leaders, the doctor as consumer, pharma's digital maturity, and competition and the need to protect brand share.

While there was no one outstanding variable expected to act as a catalyst for an increase in spend, participants pointed to several trends driving upbeat projections.

Said Vic Noble, "We are growing our sales force, but not the number of reps. We are multi-dimensionalizing

our sales force and growing our customer-facing team."

The team might include individuals from Health Economics and Outcomes Research (HEOR), medical science liaisons (MSLs), and data scientists.

The ancillary practice staff is also becoming more important. "The physician may only be spending six minutes with the patient," remarked Galdo. "Now the care team can spend more time with the patient, and so may actually be more involved with the doctor at times," depending on the therapy and product.

Pieper stressed the importance of a strategic planning process and understanding the major influencers for writing prescriptions.

While many HCPs have a go-to product, a good line of offense may be reaching out to other influencers in the practice, such as nurses, techs, or PAs, and demonstrating that the product is beneficial to the practice, with the info about the product then "laddering up" to the physician.

Marketing to HCPs is no longer an isolated endeavor, if it ever was. "It's more and more

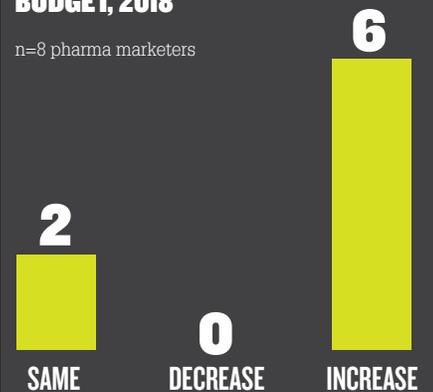
QUICK POLL

Given these changes in the media mix last year, do you expect the HCP marketing spend trend to continue into 2018?

Six #TrendTalks participants revealed they are increasing their 2018 budget — following in line with the report's findings. None plan to decrease their budget.

SHIFT IN TOTAL HCP MARKETING BUDGET, 2018

n=8 pharma marketers



about outcomes. It bleeds into a value-based contract approach, and whether the drug does what it says it is going to do,” noted Swartz.

Looking at digital budgets targeting HCPs, the Healthcare Marketers Trend report found that from 2015 to 2017, pharma’s use of digital to reach HCPs has steadily increased: 91% reported using it in 2017. Last year, 58% increased digital as an HCP tactic.

Issues on the table included the use of big data projects and AI to fine-tune the sales force; the use of AR, VR, and the internet of things to create engaging experiences; distinctions among primary care versus specialty and rare disease; NPP versus personal promo; programmatic; and use of NPP, multichannel marketing, and white space tactics to create a halo of touchpoints. All were mentioned by participants as digital approaches they’re considering.

There was agreement that getting sales leadership on board to leverage digital, and AI in particular, to its full advantage is often a challenge, especially when it upends the traditional selling process.

Robert Noble, director, marketing, Tris Pharma, described a scenario that occurred with a former employer. “We didn’t include sales in the decision to use Watson, and the sales force didn’t buy into it. They refused to roll it out.”

THE BEAUTY OF DIGITAL

Kevin Kovaleski, senior director of marketing, specialty products, CSL Behring, explained, “There is market research that demonstrates the use of neuroscience is 20% to 30% more effective in getting results based on what people want. But that outcome may be far different than what we are used to. Do we stake our careers on this?”

Added Lars Merk, director, global multichannel marketing, AstraZeneca, “We have a lot of data in this industry. We have all the data we need. But as we look to move from traditional pharma marketing segments of four to segments of one, how do we push that out to the sales force? That takes a mind shift, and it needs to happen in small steps.”

One of the “beauties of digital,” noted Shire’s Noble, is that you can personalize the information, a big plus as HCPs all receive information differently.

But, she asked, “How many personalized experiences can you create? There needs to be scalability.”

Turning to the use of VR, Pieper revealed his company is analyzing this at conferences and conventions as an alternative to traditional speaker programs. “With VR, for two minutes you can immerse the physician on a journey,” he explained. “They can’t do anything but look at your content for two minutes. Plus, we can collect data on the back end on what the physician is looking at or focused on.

“We haven’t gained ROI, but are very interested in moving forward using the VR platform,” he added.

Noted Galdo, “It’s not just the content, but also the delivery model.”

Programmatic remains a concern, as pharma tries to reach HCPs in the non-endemic media space, such

as sports websites. “We have to be much more thoughtful than just handing over our money to programmatic,” noted Swartz, citing the problems reported by consumer packaged goods companies such as Procter & Gamble regarding websites where their ads were placed.

NON-DIGITAL TACTICS

According to the Marketers Trend Report, the top three non-digital tactics increases were in research/data/analytics (44% reported shift increase), sales reps (41%), and EHRs (40%).

The largest share of overall budgets are going to these HCP tactics: sales reps (17%), professional meetings/conferences (15%), and printed sales materials (10%).

Variables impacting non-digital budget spends include the size of the sales force, the need to create hybrid opportunities in professional medical education, and provider consolidation.

“It’s not so much what we spend, but how to get the influencers [at IDNs and ACOs] to send the right message to providers,” asserted Swartz.

“They are the ones with the boots on the ground, so they control communications.”

Participants agreed marketers are using an integrated approach in their efforts, one that combines digital and non-digital. “Multichannel is getting better at reaching HCPs where they are,” said CSL Behring’s Kovaleski.



QUICK POLL

Given these changes in the media mix last year, do you expect the HCP digital spend trend to continue into 2018?

Seven #TrendTalks participants said they are increasing their digital budget this year.

SHIFT IN DIGITAL HCP BUDGET, 2018

n=7 pharma marketers



Given these changes in the media mix last year, do you expect the HCP non-digital spend trend to continue into 2018?

Three #TrendTalks participants will be increasing their spend in non-digital and four expect it to stay the same.

SHIFT IN NON-DIGITAL HCP BUDGET, 2018

n=7 pharma marketers





PATIENT MARKETING

Digital is a major player, as brands look to engage with consumers

Following the discussion on marketing budgets directed toward providers, #TrendTalks participants then turned their attention to patient marketing spend. MM&M's annual trend report found that the patient marketing spend was still number two in audience in terms of budget. The report also revealed these trends:

- **THERE WAS A SLIGHT INCREASE IN CHANNEL MIX, FROM 21% OF BUDGET IN 2016 TO 23% IN 2017**
- **THERE WAS A DECREASE IN THOSE SPENDING MORE TO REACH THIS AUDIENCE: ONLY 32% SAID THEY INCREASED THEIR PATIENT MARKETING BUDGET IN 2017, DOWN FROM 41% WHEN ASKED THE QUESTION IN 2016**
- **51% KEPT BUDGET THE SAME**

The variables that will have the most impact on marketers' budgets for 2018, as per participants, include the shift toward content marketing, the product life cycle, or the company's internal marketing personnel.

"We are tearing apart that customer journey," noted Pieper. "Content may be king, but experience is queen. We are spending a lot more money in each of those phases. It's not just one piece of content, but different content across that journey. We are moving people from awareness to consideration to selection."

But "How do you make it personal to me, how do you find that universal insight that will resonate?" asked Shire's Noble.

As you think about that marketing mix — digital, print ads, brochures — another platform to consider



is addressable TV, urged Amarin's Galdo. "There's so much you can do today with TV, with targeting."

"Approvals are costly, especially with specialty products and rare diseases," explained Sanofi's Denney. "They are very targeted, and unless what you have is tremendously different, you're going to build access over a period of time. Where you access micro-targeting, anything you can do to increase ROI is where pharma will spend the money."

PATIENT DIGITAL BUDGET

Swartz urged marketers to not forget about including caregivers in the patient model. "More and more family are involved with the decision-making, and many are very active in online communities," she said. "Make sure you don't leave out that part of it."

From 2016 to 2017, MM&M's marketing surveys have shown significant budget increases across consumer digital tactics: 84% used "digital net" (social media, websites, digital ads, mobile apps) in 2017 versus 42% saying they used

Traditional DTC was 5% of budgets in 2016, and 17% increased DTC outlays in 2017. Point of care was just 2% of budgets in 2016, with 11% reporting an increase in 2017

“traditional net” ad tactics (print, TV, radio, and outdoor).

That amount is up from 75% who reported use of digital net when asked last year. Meanwhile, paid digital advertising hit 47% in 2017, versus 32% in 2016. Overall, paid digital was 4% of budget in 2016 and 36% increased it in 2017.

Participants discussed a number of variables expected to impact patient digital budget, including measurement maturity, safety and effectiveness of digital, social media versus websites, on-demand TV viewing, and the general need for patient-centric digital tools.

Of course, mobile is having a major impact in marketing to patients, given smartphone technology’s hold on the consumer and the expectation that brands will be a part of the consumer’s life.

The internet of things will loom large, giving the healthcare provider patient-adherence status updates and the pharma brand manager data on patient marketing practices.

“Devices will continue to improve patients’ engagement with pharma and will also help in keeping patients compliant and adherent, ultimately leading to improved outcomes,” noted Denney.

“In the past, we relied only on third-party analytics, and while we still do to some extent we now have our own access to similar metrics,” said AstraZeneca’s Merk.

Platform data is in its relative infancy, but “the more we can get access to that data right away, with being HIPAA compliant, the more data gets added to the pool,” added Merk.

Connecting the dots among the disparate data sources is a challenge, noted Shire’s Noble, and, added Denney, there is no standard approach to collecting the data or interpreting it.

When it comes to technology, marketers also have to beware of just going after the newest shiny object. “What is the incremental value for the patient, HCP, and us?” posed Swartz.

In analyzing digital spend, you must look at the incremental value, she added. “How many of those customers led to increased utilization?”

Tris Pharma’s Noble shared that a former employer, Otsuka, had spent millions to develop its “chip in a pill,” the schizophrenia pill Abilify, with an embedded chip made by Proteus. It took six years to launch, but the question of how to get it covered went unanswered.

“Years ago, with print, we had circulation audits,” Merk recalled. “Even with point-of-care advertising, how are we auditing? There will be fraud and negligence, but with new advertising opportunities, you have to take a leap of faith.”

Shire’s Noble cited the benefit of piloting a program when you are

trying something new, instead of going all in. “But make sure you know what you are you looking for. Measure only what you are really interested in measuring,” she advised.

“Technology will not slow down, it will only improve,” asserted Pieper, citing advertising that’s based on facial recognition. “We have to learn and improve with it.”

PATIENT NON-DIGITAL BUDGET

From 2016 to 2017, there were bigger allocations in the DTC and research, data, and analytics areas. Companies are still using a lot of traditional media such as TV. Also, measurement is becoming more consistent across the industry. Additional points to consider:

- **TRADITIONAL DTC WAS 5% OF BUDGETS IN 2016, AND 17% INCREASED DTC OUTLAYS IN 2017. POINT OF CARE WAS JUST 2% OF BUDGETS IN 2016, WITH 11% REPORTING AN INCREASE IN 2017**
- **USING “SERVICES AND BEYOND-THE-PILL OFFERINGS” AS A PROXY FOR TRANSFORMING, THIS WAS 2.4% OF THE MIX IN 2017, AND 16% INCREASED IT LAST YEAR**

Variables that will impact patient digital budgets include portfolio mix, from mass-market products to specialty, use of non-digital media, the expense of reaching patients, and educating patients.

“The big driver in terms of portfolio mix depends on where the product is in its lifecycle,” explained Denney. “Is it a traditional product at the end of its commercial life, a new product acquisition, or a rare disease indication?”

It’s difficult to separate the non-digital from the digital spend, offered Merk. “You can have a non-digital spend, but it may [lend itself to] creating social media because of it. It’s all integrated.”

Participants agreed it’s all about content, the relationship with the patient, and building trust with the patient. Which channel is used isn’t necessarily the critical factor.

QUICK POLL

Given these changes in the media mix last year, do you expect the patient spend trend to continue into 2018?

Four #TrendTalks participants said they will increase their budget. Three said it will stay the same.

SHIFT IN TOTAL PATIENT BUDGET, 2018



Given these changes in the media mix last year, do you expect the patient digital spend trend to continue into 2018?

Five #TrendTalks participants expect to see an increase in their digital spend directed toward patients, while one is keeping outlays the same.

SHIFT IN DIGITAL PATIENT BUDGET, 2018



Given these changes in the media mix last year, do you expect the patient non-digital spend trend to continue into 2018?

Only one #TrendTalks participant said they plan to increase their non-digital spend. Six are either keeping it the same or dialing it back.

SHIFT IN NON-DIGITAL PATIENT BUDGET, 2018



MARKETING TO PAYERS

Marketers urged keeping the focus on value and real-life pharma economics

Healthcare marketers allocate the smallest part of their overall budget to payers.

But this, explained MM&M's Iskowitz, has seemed counter-intuitive, given that respondents have ranked "payer pressure" as their biggest challenge the past several years.

That said, there was a slight increase in channel mix, from 11% of the overall marketing mix in 2016 to 12% in 2017. Additional findings include:

- **32% OF RESPONDENTS SAID THEY INCREASED THEIR PAYER BUDGETS LAST YEAR, VERSUS 37% WHEN ASKED IN 2016. MEANWHILE, 51% KEPT IT THE SAME**
- **MARKET RESEARCH AND ADVISORY ENGAGEMENTS REMAIN THE BIGGEST PART OF THE PAYER MIX, COMMANDING ROUGHLY HALF OF SPEND, BUT VALUE COMMS, DISCOUNTS AND REBATES, AND CO-PAY SUPPORT HAVE CONTINUED TO REGISTER AS SIGNIFICANT SINCE 2015**

There are many variables that may impact payer budgets. One is channel marketing, because of the need to educate payers so they can make informed coverage decisions on products. Merger and acquisition rumblings, discounts and rebates, and value comms can all play a role.

Then there's the need for market access, and finally, the trend toward use of market research, including Medical Affairs groups running outcomes trials, collecting HEOR data, and setting up 1-to-1 advisory engagements with pharmacy and therapeutics committee members and chief medical officers.

"We need to have HEOR studies, real-life pharma economic studies to be able to share with payers," emphasized Swartz.

"No one has translated that info into a communicative channel or marketing piece for payers. Anyone under the market access umbrella should take that data and bring it down to data points, as in, 'If you put this patient on this product, you can reduce spend on the whole system of care.' It needs to make value sense to payers.

"The payer spend doesn't hit channel marketing budgets," she added, addressing the aforementioned disconnect between budgetary spend and the ranking of payer pressure as a perennial top challenge for marketers. Still, with seven participants either boosting or maintaining existing support for managed markets programs, the payer is getting plenty of pharma's attention this year.

The account manager, along with the MSL, HEOR team, and channel marketing, need to sit with payers and make it a value story through a value-based contract approach, said Denney.

"The payer story is generally an access story. There's a continuing opportunity to translate the access story down to the local level for salespeople. They are looking for alignment with access.

"For example, if you have a great message and 70% coverage, and if your product is covered under United Healthcare but your physician doesn't have that coverage, your credibility goes out the window," he added.

Indeed, marketers need to ask how well their sales teams are trained in market access and what that means.

Your sales team needs at the least basic information, Galdo suggested, such as what the coverage is, the coverage percentage, who is filling it, and making sure they are briefed on the right story, which is, as Denney mentioned, the local provider story.

To wit: "As good as they know their own data, the

physician doesn't know about your pharmacy benefit manager," explained Galdo.

Market research should be part of any market access strategy, added Denney. "There should be an outcome study in place in the pre-approval [stage, well in time for launch.] We have one chance to launch a product on price. You need a story coming out of the gate."

"You shouldn't launch a product until you have proper coverage," agreed Pieper.

QUICK POLL

Given these changes in the media mix last year, do you expect the payer spend trend to continue into 2018?

Four #TrendTalks participants will increase their budget and three will keep it the same.

SHIFT IN TOTAL PAYER BUDGET, 2018

n=7 pharma marketers



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