



WHITEPAPER

The Future of Leading Hybrid Conferences

The Example of ASH 2021

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Introduction

Medical conferences are designed to bring bright minds together and pique interest and curiosity. The American Society of Clinical Oncology (ASCO), American Society of Hematology (ASH), European Society for Medical Oncology (ESMO), Gene Therapy for Rare Disorders, and other medical conferences play an important role in disseminating clinical and scientific information. Attendees range from physicians to investors, and the conferences provide a forum for peer-to-peer interactions, exposure to current research, innovative trends and an environment for continued knowledge sharing.

The COVID-19 global pandemic disrupted all aspects of life and has reshaped the way people now approach daily tasks, make business decisions, organize events and much more. For the past two years, and during a time of unprecedented uncertainty, many companies adapted to stay in business, and many moved to a purely virtual format.

The online format is now a tried and tested way for conferences to connect with a broader audience, but with increasing vaccination rates, lifted mask mandates, and other COVID-safety protocols, conference organizers are shifting back to in-person offerings. An example of this was the ASH 2021 Conference, which was a “hybrid” event. This “hybrid” approach reflects a similar “return to work” model seen by leading corporations globally, where there is the expectation for a mix of in-person and virtual interactions.

As a follow-up of the white paper [“Navigating the Virtual World of Conferences”](#) released in fall 2021, Trinity Life Sciences wanted to understand medical conference attendees’ perception of the new “hybrid” conference world, the advantages and disadvantages, as well as discern how manufacturers engaged their audiences. In late 2021, Trinity conducted a qualitative study of 14 U.S. oncologists regarding their experiences at the ASH 2021 Conference. The objective of this study was to understand how the emergence and surge of the Omicron COVID-19 variant, and pervasive pandemic, impacted respondent attendance to medical conferences, to better understand physician preferences moving forward as the industry evolves in a newly defined working world.

The study explored two key points: first, to identify strategies for optimal customer engagement in a hybrid conference setting, and second, to understand necessary improvements to hybrid conference participation, to inform the industry’s approach for an optimal conference strategy, and budget accordingly in preparation for future conferences.

Trinity’s Study Breakdown

In total, Trinity performed 14 interviews with physicians based in the United States. The physician sample represented a mix of Medical (Med) Oncologists and Hematologist (Hem) Oncologists practicing in academic and community settings. The sample included physicians who attended ASH 2021 in a virtual or hybrid format and indicated intentions to attend medical conferences in both virtual and hybrid formats in the future. The Trinity team ensured that physicians’ attendance complied with their institution’s or practice’s policy for attendance during the Omicron surge. Almost half of the sample’s institutions required virtual attendance, while the other half could choose their attendance style based on preference. Selecting for this mix in the sample provided insight into academic and community institutions’ plans to adapt to conference attendance in a COVID-19 environment.

Interviews focused on physician attendance patterns, attendance drivers, strategies for improving future medical conferences, and the impact of the COVID-19 pandemic on attendance. The interviews sought to understand future patterns to better inform the pharmaceutical industry as organizations prepare for future conferences and strategize on hybrid customer engagement.

Of the 14 Hem Oncologists/Medical Oncologists interviewed, 5/14 attended the conference in a hybrid fashion, whereas 9/14 attended virtually. Academic oncologists were more likely to attend in a hybrid format than community oncologists.

- » **Academic oncologist hybrid participation (4/10)**
- » **Community oncologist hybrid participation (1/4)**

The Top Drivers for Conference Attendance

Physicians surveyed in the Trinity study noted three key reasons driving their attendance at ASH 2021 and medical conferences in general. These included: a desire to remain informed on emerging data and treatments, the opportunity to network with industry colleagues and accessibility to leading manufacturers in the pharmaceutical industry.

1. Engage with emerging data and treatments

Physicians report that attending ASH/ASCO conferences is a practical way to stay current on the newest developments including new and emerging therapies in Oncology. In addition, conferences help physicians achieve continuing medical education (CME) credits.

2. Network with colleagues and industry professionals

Networking is a critical component of attending conferences as physicians enjoy the social and intellectually stimulating aspect of connecting with colleagues. Some academic physicians have pre-planned meetings set up with industry leaders (e.g., Chief Medical Officers or other industry leaders at companies of interest) to discuss investigator-initiated trials, obtain sponsorship for their research, and participate in advisory boards.

3. Exposure to leading manufacturers

Janssen, Merck, Genentech, Gilead and Novartis were among the leading companies at ASH 2021 due to impressive readouts and development pipelines.

“[I attend] to get an **update on the latest research and network with colleagues**; there are meetings around the main meetings that you also attend, sponsors, advisory boards, [and] you can attend the sessions virtually” – *Academic Hem/Onc*

“It is important for me to be aware of **current data**, as well as... what **will change the standard of care**” – *Community Hem/Onc*

Drivers for “In-person/Hybrid” Attendance of Conferences:

COVID-19 safety measures, event organization, as well as the perceived value-add of hybrid attendance were contributing factors to attend the conference in an in-person/hybrid format.

The 2021 ASH conference required masks and proof of vaccination which made some physicians comfortable traveling to and attending ASH in person. Attendees with scheduled meetings were more likely to attend in a hybrid fashion as their attendance included intentional time spent networking, knowledge sharing and pitching.

The option for both on-site and virtual attendance allowed conference attendees to prioritize session attendance based on preference. Other drivers for “hybrid” attendance included “presenting” status, availability of continuing medical education funds, and the desire to escape the remote work routine.

“I felt comfortable traveling to the conference, and everyone was masked. The value of the in-person conference is largely about the things that happen around the meetings other than the meetings themselves. Often times, they lead to funding opportunities for research.” – Academic Hem Onc

COVID-19 Exposure – Primary Drivers and Advantages of “Virtual” Attendance

A third of oncologists mentioned that COVID-19 influenced their decision to attend ASH 2021 virtually. Compared to other conferences in 2021, virtual attendance at ASH was driven by top-of-mind concerns related to the Omicron variant that were not emphasized with the same intensity at events in other waves of the pandemic.

Concerns with in-person engagement at ASH 2021 related to COVID-19 and spanned from rising levels of the Omicron variant, apprehension about exposure during travel, Omicron disruption of travel plans, potential exposure in crowded conference rooms, and the fear of engagement with international travelers. Some respondents mentioned wariness to attend meetings with 50+ people, and that a virtual or hybrid format gave them the ability to attend presentations with a much more limited risk of exposure to COVID-19. Even those who originally planned to attend in hybrid form, switched to virtual attendance due to rising COVID-19 cases with Omicron.

This sentiment resulted in others attending virtually due to the perceived limited in-person networking opportunities. In general, and different from findings in the 2021 ASCO Whitepaper, COVID-19 and the rising cases of the Omicron variant played a large role in individual decisions to attend virtually.

“I haven’t been on a plane in two years; it’s been difficult to uproot and go to Atlanta or Chicago, I wasn’t overly motivated to head to Atlanta and be in larger exhibition halls.” – Community Hem Onc

“I chose not to attend in-person due to rising COVID-19 cases on the east coast and did not want to put myself at risk by attending such a large conference which would have had attendees from all over the world.” – Community Hem Onc

“[It] depends what is happening with Omicron, my preference is in-person attendance, [but] I think the issues are out of my hands, I am hopefully attending two conferences in Europe... but I know Europe is having problems with Omicron so who knows that may change...” – *Academic Hem/Onc*

“It is less stressful moving from conference to conference with the virtual option. I was able to assess the risk of COVID for each event, and I could stay in the hotel to avoid a large gathering or go to the actual conference if I decided.” – *Academic Hem Onc*

Similar to the whitepaper findings related to ASCO published by Trinity in October 2021 many attendees described the improved convenience provided by virtual attendance including time and budget flexibility, the ability to be at home with family, funding limitation, etc. Other drivers to support virtual attendance included individual roles in the conference. Physicians (likely Community) who did not present at the conference or have scheduled meeting(s) with industry representatives were likely to attend virtually.

Another benefit of attending virtual medical conferences is the unique ability to attend overlapping, conflicting sessions. Physicians highlighted that they could switch between talks at their own leisure and experience higher engagement with having their questions answered.

“The nice thing about the virtual setting is you can attend **multiple sessions at the same time**, or at your leisure afterwards.” – *Community Hem/Onc*

Finally, physicians reported a high-degree of comfort with web-based platforms due to frequent use for the duration of the pandemic. The capabilities to pause, fast forward, rewind, and revisit any part of the conference increased the flexibility to watch any part of the conference in their own time.

“After a year of COVID and telemedicine, the **virtual format was seamless**; we can go back through presentations and see the slides after the fact; in the past, having to listen to the presenter without the slide deck makes it difficult to review the data, which is why this format is helpful.” – *Academic Hem/Onc*

Key Challenges of “Virtual” Attendance

Several elements were highlighted as key challenges of a virtual conference, another similar theme explored in the ASCO whitepaper, these challenges included difficulty with interpersonal engagement, accessing content after sessions, and low incentive to visit virtual booths. Physicians reported that participating in a virtual format limited impromptu conversations which impacted the opportunity for networking and exchanging ideas with colleagues after presentations and technical difficulties limited engagement in the Q&A sessions.

A key challenge physicians encountered was accessing conference materials post-session. Session recordings were provided only to those who indicated their attendance. As a result, physicians who did not select “attending” for specific sessions encountered a fee for accessing content after the live sessions. The inaccessibility of materials at ASH contrasts ASCO where, at ASCO, physicians were provided long-term access to conference materials.

“If you signed up for the ASCO meeting, you can watch the video, at ASH, you can’t watch the video, that is a real negative, I think ASH does not have as much money as ASCO and they are limited in what they can provide in their materials with their attendees.” – *Academic Med/Onc*

Physician engagement at virtual booths proves more challenging than in-person engagement. Physicians described the “virtual” booths as unappealing, reiterating that virtual booths lacked décor, perks of refreshments, and the interpersonal interaction characteristic of in-person booths. Physicians frequently found virtual booths “empty”; some reported leaving questions, only for reps to answer the questions two-four days later, by which time the physician had forgotten asking a question. This lack of engagement left physicians feeling disconnected from booth and conference offerings.

Future Outlook for Conference Attendance

Most oncologists from this study believe that the hybrid attendance option will persist; however, they are evenly split on how they will personally attend medical conferences going forward.

How Oncologists envision conferences and plan to attend in the future

» **Hybrid:** Ten Oncologists anticipate that the convenience and flexibility of the option of virtual attendance will result in conferences like ASH and ASCO perpetually offering both in-person and virtual interactive options. When probed on their preferred future attendance, oncologists expressed that they enjoyed the flexibility of attending in a hybrid format, seeing some talks live and watching others recorded. Oncologists who attended in a hybrid format envision their attendance decision as contingent on circumstance, where some years a virtual format may better accommodate their lifestyle and vice versa.

“I think there will still be a hybrid option in the future. Traveling to these sites can be unappealing, and having a **virtual setting gives people an incentive to attend.** I think the nice location of the conference will still be a driver for people to go.” – *Academic Hem/Onc*

» **Virtual:** Two Oncologists are convinced that the virtual platform is considerably better than both the hybrid and the in-person format as it eliminates the inconvenience of traveling to conference centers and moving between read outs. 5 of the surveyed oncologists mentioned they would attend a purely virtual conference in the future.

“Learning is best done virtually; all you need is good Wi-Fi. For someone like me, it is easier to do it **virtually on my desktop;** the Atlanta conference center is pretty large and going from one place to another for such a small conference doesn’t make that much sense.” – *Community Hem/Onc*

Future Strategies and Conclusions

The ever-evolving state of the pandemic necessitates accommodations that apply especially to the virtual/hybrid format, as more physicians are opting for virtual attendance due to convenience and cost-effectiveness (e.g., avoided travel costs / time off from work). Attendees suggest continuing to offer the “hybrid attendance” option supplemented with enhanced virtual interfaces that simulate in-person experiences in the future.

The changing preference from in-person to hybrid and virtual attendance indicates a shifting model for customer engagement. The new engagement model in pharmaceuticals hinges on the industry’s ability to engage stakeholders both virtually and in-person.

For this reason, it is essential that pharmaceutical companies adapt their engagement strategies at ASH/ASCO, and other medical conferences, to meet physicians’ needs, continue to build brand and product awareness and provide engaging platforms for peer-to-peer collaboration.

To meet attendees’ needs more effectively, Trinity suggests considering the following approaches

Leveraging digital and or virtual engagement strategies through moderator-led discussions, industry-sponsored peer-to-peer discussion, and providing opportunities to incentivize engagement and better peak physician interest:

- » Moderator-led smaller breakout rooms provide a structured conversation for engagement between physicians on a topic of choice allowing for a focused industry-specific conversation or Moderated discussion
- » Peer-to-peer discussion facilitates focused conversation regarding industry interests that stimulate peer-to-peer interaction and generate stakeholder engagement with the product/brand of interest.
- » Develop innovative approaches to enhance physician access to virtual booth coupling interesting in-person engagement with a virtual environment that stimulates emotion or thought

Improving Access to Conference Content

- » Augmenting the major ASH/ASCO events with additional “highlight” venues decrease the barrier to entry for physicians that dislike travel associated with conference attendance
 - ASH “highlight” events can better meet physicians where they are and foster regional networking
- » Physicians report interest in accessing conference materials beyond the duration of the conference, expressing high likelihood they would watch presentations and/or read materials if offered for longer virtually
- » Compared to access provided by ASCO, the limited access provided at ASH is perceived negatively
- » Removing fees associated with late access would give physicians increased access and prolonged interaction with conference materials

Utilize enhanced Virtual Interface to better allow physicians to connect with each other and industry leaders

- » Physicians report that easily navigable virtual Q&A interfaces that simulate in person engagement would enrich the hybrid experience
- » Physicians described improved strategies for scheduling virtual 1:1 meetings between physicians and stakeholders as an opportunity for improvement in the virtual setting

Provide Appealing Virtual Booths to Incentivize Virtual Interaction

- » Need for improved virtual booths that simulate the real-life feel of attendance with accessible recordings, abstracts, and information about approved and pipeline drugs for review in personal time
- » Staff virtual booths on a schedule that aligns with session timing by staffing booths for certain hours OR staff booths during periods with no sessions

Questions?



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