

# Hidden in Plain Sight

## Common Diseases Deserving Renewed Attention



Recently, I shared with a friend poised to begin treatment with Evenity the observation that all but one of the drugs used to treat osteoporosis have been available for over 15 years. Rheumatologists sometimes marvel at that. Evenity is the youngster of the armamentarium, launched in 2015, and insurance companies make it difficult to get it, even though a commonly used anabolic alternative like Prolia (and its biosimilars)

isn't easily stopped once started due to rebound effects not reversed by Evenity. In fact, my friend's mighty struggle to get approval for Evenity as first-line therapy is what brought the topic up in the first place.

**Osteoporosis is, of course, a common diagnosis in women of a “certain age,” and also a dangerous one.** Bone fractures can precipitously and permanently disrupt QOL in otherwise healthy individuals. Thanks to DEXA, we don't need to wait for fracture or visible signs like kyphosis to spot the problem. In my early work supporting launch strategy for two bisphosphonates, I recall physicians literally counting on their fingers when I asked them to estimate the number of women in their practice with osteoporosis. Most of it was invisible to the naked eye.

**The vast majority of high-risk individuals are women on Medicare—a long-neglected group.** More attention is now being paid to women across the disease spectrum based on mounting evidence that women age differently and may exhibit different symptoms to various diseases that can delay or confound diagnosis. Yet osteoporosis remains significantly underdiagnosed and undertreated, despite the well-understood risks and the availability of safe, non-invasive testing. That's in no small part because available drugs are suboptimal and have limited timeframes for safe use, some just a few years. I'm happy to report that there are several promising new mechanisms under investigation that should improve bone remodeling but there has been less drug development activity in this area than one might have expected, given the size of the population at risk.

**While women's health has not always received the attention it deserves, neither do some diseases, *including many that afflict men just as often.***

About 20 years ago, the industry shifted its drug development focus from “mass market” drugs to specialty drugs, and in the last eight to ten years, activity has become especially intense around orphan drugs because the business model was more favorable and (let's face it) the mechanisms more exciting. For an industry looking to transform lives and command big margins, modest improvement to widely used generic drugs or reformulation of older ones was a prize that hardly seemed worth chasing.

**As a result, *other conditions besides osteoporosis have been receiving less attention than morbidity and prevalence would suggest they deserve.*** *Anti-arrhythmic* drug development has been stagnant for a long time (though there is new life in the pipeline) and *affective disorders like depression and anxiety* continue to deserve attention because most patients do not receive sufficient relief from existing drugs. On the whole, *neuro-degenerative conditions* continue to elude us, though not necessarily for lack of trying.

**Perhaps by chance, the GLP-1s herald what may be a new age of discovery that redirects our attention to some of the “mass market” conditions we see everywhere—treated, sometimes adequately managed, but far from fully tackled.** Improvements in drug delivery technology will make it easier to develop less expensive small molecules for the chronic therapies we've not yet nailed. And, of course, AI and ML, the four letters that spell radical innovation, will accelerate and expedite drug discovery in ways that may lead us back to diseases that lost our attention for lack of ROI. The GLP-1 drugs are reminders that drugs with complex and diverse benefits can refocus attention on various conditions whose treatment is merely “satisfied.”

**Technology is the answer to much that ails or delays drug discovery but there are troubling cross-currents that may impede it.** Those include unjustified attempts to direct the priorities of discovery science as well as anticipated cuts to insurance coverage that will make all drugs less accessible. Amid that uncertainty, renewed attention to relatively common but challenging conditions is a trend we need to welcome and encourage. Ultimately, all people want the thing that bio-innovation aims to give them – a longer, healthier life – but the pharma industry has always suffered the slings and arrows of underappreciation. The more people who are helped by biopharma, the better insulated the industry will be against criticisms and misconceptions that have dogged it for many decades.

## About the Author



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Susan's career focus has been on the development and protection of robust brands, and the research methodologies needed to support them. She has contributed to the evolution of many standard research techniques, and she writes frequently on industry topics and issues of broader interest. Some of her commentary on language and culture can be found at [www.smartmouth.blog](http://www.smartmouth.blog). Susan holds MA and PhD degrees from UPenn's Annenberg School of Communication.

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