



AI Innovation Ideas for AbbVie Oncology

Massive Insights | February 2026

DRAFT VERSION

AI INNOVATION AT EVERY SCALE

Speed to Impact

Fifteen ideas spanning AI quick wins to deep omnichannel intelligence. Each one produces a concrete deliverable - not a roadmap, not a POC, not a strategy deck. Three sections build progressively: start with zero-dependency public data wins, advance to deeper AI analytics, then unlock the full potential with AbbVie's internal data. Pick one and start, or run several as an ongoing innovation pipeline.

Three Tracks of AI Innovation

15 AI ideas organized by data dependency and analytical depth - from immediate public-data wins through deep omnichannel solutions powered by AbbVie's internal data.

SECTION 1

AI Quick Wins

Zero-dependency AI intelligence built entirely on public data. Each produces a concrete deliverable - a competitive map, an HCP dossier, a scored target list - ready to present to leadership quickly.

5 Ideas · HCP profiling, competitive mapping, KOL investment analysis, emerging investigators, congress intelligence

SECTION 2

AI Accelerators

Deeper analytical builds that apply AI at the cutting edge of omnichannel intelligence. Still public data, but with larger scope and more sophisticated approaches. These earn the conversation about deeper partnership.

6 Ideas · Synthetic focus groups, prescriber detection, behavioral segmentation, KOL networks, RWE monitoring, competitive benchmarking

SECTION 3

AI + Your Data

Solutions that tackle oncology marketing's hardest challenges - email strategy, omnichannel orchestration, HCP understanding at the deepest level. AbbVie's internal data is what makes them transformational. Sections 1 and 2 prove AI can deliver; this is what it unlocks.

4 Ideas · Email optimization, engagement sequencing, enhanced synthetic panels, MLR acceleration

15 Ideas At a Glance

Each idea produces a concrete deliverable. Click any card to see the complete scorecard.

— AI Quick Wins — AI Accelerators — AI + Your Data

<p>1 QUICK WIN</p> <p>HCP Digital Footprint</p> <p>Dossier-style profiles on hard-to-reach oncologists</p> <hr/> <p>A channel strategy for every no-access HCP</p>	<p>2 QUICK WIN</p> <p>Engagement Strategy Mapper</p> <p>Know competitor entanglements before you reach out</p> <hr/> <p>Smarter targeting, fewer wasted touches</p>	<p>3 QUICK WIN</p> <p>Sunshine Act Radar</p> <p>Map competitor KOL investment from public data</p> <hr/> <p>Intelligence competitors don't know is public</p>	<p>4 QUICK WIN</p> <p>Emerging Investigator Scout</p> <p>Identify rising thought leaders before competitors</p> <hr/> <p>First mover in future KOL relationships</p>	<p>5 QUICK WIN</p> <p>Congress Intelligence</p> <p>Competitive intelligence in days, not weeks</p> <hr/> <p>First with the debrief, every congress</p>
<p>6 ACCELERATOR</p> <p>Synthetic HCP Focus Group</p> <p>Test messaging against AI oncologist personas</p> <hr/> <p>Rapid feedback at a fraction of the cost</p>	<p>7 ACCELERATOR</p> <p>Ghost Prescriber Detector</p> <p>Surface high-value HCPs quietly drifting away</p> <hr/> <p>Catch the shift before the field does</p>	<p>8 ACCELERATOR</p> <p>Prescriber Cohort Analyzer</p> <p>Behavioral segmentation beyond volume tiers</p> <hr/> <p>Know what distinguishes your prescribers</p>	<p>9 ACCELERATOR</p> <p>KOL Intelligence Engine</p> <p>Network map and pulse tracker for key relationships</p> <hr/> <p>The map and the early warning system</p>	<p>10 ACCELERATOR</p> <p>RWE Monitor</p> <p>Know about studies before HCPs bring them up</p> <hr/> <p>Never caught flat-footed on evidence</p>
<p>11 ACCELERATOR</p> <p>Competitor Decoder</p> <p>Benchmark competitor omnichannel execution</p> <hr/> <p>Competitive benchmarks for every channel</p>	<p>12 YOUR DATA</p> <p>Email Frequency Optimizer</p> <p>The defensible answer to 'how do you know?'</p> <hr/> <p>The number and the proof behind it</p>	<p>13 YOUR DATA</p> <p>Engagement Decoder</p> <p>Find the sequences that drive prescribing</p> <hr/> <p>Omnichannel with evidence behind it</p>	<p>14 YOUR DATA</p> <p>Synthetic Panel (Deep)</p> <p>Synthetic personas upgraded with AbbVie's own data</p> <hr/> <p>AbbVie's own data makes it real</p>	<p>15 YOUR DATA</p> <p>MLR Pattern Learner</p> <p>Pre-screen content against your committee's patterns</p> <hr/> <p>Faster to market across all channels</p>

SECTION 1

AI Quick Wins

Five engagements that run entirely on public data with zero data dependency. Each delivers a tangible output quickly and builds a proof point that MI can find signal in AbbVie's competitive landscape. Designed to earn trust fast and create momentum.

4 Emerging Investigator Scout

Identify the next generation of oncology thought leaders before competitors do

PROBLEM ALWAYS A STEP BEHIND

By the time someone becomes a recognized KOL, every competitor is already courting them. The trajectory signals that predict rising researchers are sitting in public data - accelerating publications, new trial PI roles, first competitor payments - but they're not being assembled into a forward-looking picture.

SOLUTION TRAJECTORY-BASED SCORING

We score oncology researchers on trajectory signals from PubMed, ClinicalTrials.gov, and CMS Open Payments to produce a **ranked list of emerging investigators** with recommended engagement timing.

- **Trajectory Scores:** Each researcher scored on: publication velocity, citation impact (iCite RCR), first-author ratios, new PI role on a clinical trial, first conference presentation, and first competitor payment - when a competitor makes their first payment, it means they spotted the same trajectory.
- **Engagement Window Signals:** Researchers flagged at the inflection point - accelerating output, new PI roles, first competitor payment received - so your team can move while the window is still open.
- **Filterable HTML Report:** Sortable by score, sub-specialty, geography, and signal type.

VALUE FIRST MOVER IN FUTURE KOL RELATIONSHIPS

Rising-star researchers are high-priority targets for your no-access strategy precisely because they haven't been locked up yet. 'We identified the next generation of oncology thought leaders before your competitors did' lands differently than a standard KOL list.

VALUE DRIVERS

Leadership Visibility ●●●●●

Speed to First Output ●●●●●

Competitive Edge ●●●●●

Intelligence Depth ●●●●●

Recurring Value ●●●●●

EXECUTION PROFILE

DATA SOURCING

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ANALYTICAL COMPLEXITY

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ABBVIE INVOLVEMENT

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TIME TO DELIVER

L▼.....H

IMPACT SCORE FIRST MOVER ADVANTAGE



SECTION 2

AI Accelerators

Six engagements that apply AI at the cutting edge of omnichannel intelligence. Still public data, but with larger analytical scope, more sophisticated infrastructure, and deeper AI application. These showcase what's possible and build directly on the data pipelines established in Section 1.

7 Ghost Prescriber Detector

Surface the high-value oncologists quietly drifting away



PROBLEM
QUIET EROSION, NO EARLY WARNING

High-value oncologists may be quietly shifting away from Imbruvica and Venclexta. The volume data exists publicly, and so do many of the signals that explain why - new competitor payments, trial enrollment, product launches, guideline changes. But these signals are not being cross-referenced into a proactive early-warning system.



SOLUTION
CROSS-SIGNAL DETECTION

We build a **prescriber volume shift analysis** for Imbruvica and Venclexta using Medicare Part D, cross-referenced with competitive signals from Open Payments, ClinicalTrials.gov, and FDA approval data.

- **Volume Shift Flags:** NPI-level year-over-year comparison. Prescribers with significant volume decline identified and surfaced.
- **Competitive Signal Enrichment:** Each flagged prescriber cross-referenced with: new competitor payments, trial enrollment, competitor product launches, NCCN guideline changes.
- **Scored Re-Engagement Priority:** Not just who dropped off, but a ranked action plan with hypothesized reasons per prescriber.



VALUE
CATCH THE SHIFT BEFORE THE FIELD DOES

Each high-value oncologist who quietly shifts away represents significant revenue erosion. This gives your omnichannel team a ranked re-engagement list with hypothesized reasons per prescriber - not just 'who dropped,' but 'why they may have dropped and what to try.' The Medicare data establishes the volume pattern; competitive signals from Open Payments and ClinicalTrials.gov provide the explanatory context.

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ABBVIE INVOLVEMENT

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TIME TO DELIVER

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IMPACT SCORE REVENUE DEFENSE



SECTION 3

AI + Your Data

Four solutions that tackle oncology marketing's hardest challenges - email strategy, omnichannel orchestration, and HCP understanding at the deepest level. AbbVie's internal data is what makes them transformational. Sections 1 and 2 prove MI can deliver; this is what it unlocks.

12 Email Frequency Optimizer

A data-driven saturation curve for HCP email frequency, defensible to any stakeholder

PROBLEM THREE SOURCES, NO UNIFIED VIEW

HCP emails are deployed from multiple sources with no unified view of reach, frequency, or saturation. The core question - what is the right email frequency? - demands a defensible, data-driven answer. 'More is better' is not a strategy, and neither is a number without evidence behind it.

SOLUTION SATURATION CURVE ANALYSIS

We build a **cross-source email frequency optimization analysis** that maps the actual saturation curve - the inflection point where additional emails produce diminishing or negative returns.

- **Saturation Curve by Segment:** Franchise-specific optimal frequency bands by HCP segment - where engagement lifts, plateaus, and drops.
- **Visual Fatigue Signatures:** Where unsubscribes spike, where click-through rates collapse, cross-referenced across all deployment sources - visualized so leadership can see the curve, not just hear the number.
- **Cross-Source Deduplication:** How many unique HCPs are being hit by all three sources simultaneously - the hidden saturation problem.
- **Defensible Methodology Document:** The writeup you can give leadership. Not just the number - the evidence and reasoning behind it.

VALUE THE NUMBER AND THE PROOF

The deliverable is not just the optimal frequency - it is the methodology and evidence that lets the team defend it to leadership. A defensible answer backed by cross-source data analysis, not intuition.

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IMPACT SCORE THE DEFENSIBLE ANSWER



13 Engagement Sequence Decoder

Find the sequences that drive prescribing - and cut the dead ends

PROBLEM CHANNELS WITHOUT SEQUENCE EVIDENCE

Multiple touchpoint types deployed by separate teams with separate data. 'Omnichannel' is the goal, but without knowing which sequences of touchpoints actually correlate with behavior change, it risks being 'be everywhere' without evidence. Most platforms track channels individually, not in sequence.

SOLUTION SEQUENTIAL PATTERN MINING

We run **sequential pattern mining across your channels** to surface the 'golden paths' - which sequences of touchpoints correlate with positive outcomes - and the dead-end sequences that consume budget without impact.

- **Golden Path Sequences:** Top 5-10 touchpoint sequences correlated with positive outcomes. Not just 'email works' but 'email, then webinar, then field visit works better than field visit first.'
- **Dead-End Sequences:** Which sequences consume budget without detectable impact - the negative findings are as valuable as the positive.
- **Visual Journey Map:** Touchpoints, order, and timing gaps per sequence, with orchestration recommendations and statistical backing.

VALUE OMNICHANNEL WITH EVIDENCE BEHIND IT

This directly addresses the orchestration challenge at the core of omnichannel strategy. The insight is not just 'this sequence works' - it is 'stop investing in these sequences that do not.' A finding that says 'stop doing this sequence' saves as much budget as finding the golden path. Evidence-based orchestration, not channel-by-channel optimization.

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IMPACT SCORE OMNICHANNEL PROOF



14 Synthetic Oncologist Panel (Deep)

The Synthetic Focus Group made substantially more powerful with AbbVie's own engagement data

PROBLEM GENERIC PERSONAS, LIMITED SIGNAL

Generic oncologist personas give generic feedback. AbbVie's internal data - actual channel preferences, content consumption patterns, real interaction history - is what turns a synthetic panel from 'a typical community oncologist thinks...' into 'oncologists who behave like your highest-value segment think...' Without that calibration, synthetic testing is directional at best.

SOLUTION INTERNAL-DATA CALIBRATION

We rebuild the synthetic HCP panel using AbbVie's internal CRM and engagement data, delivering **high-fidelity oncologist personas** calibrated to your actual HCP relationships.

- **Sub-Specialty Personas:** Medical oncologists, hematologist-oncologists, and surgical oncologists - each calibrated on AbbVie's actual engagement history, not just public data.
- **Channel Preference Modeling:** Which HCP segments respond to which channels, built from your real interaction data.
- **Side-by-Side Comparison:** Public-data personas vs. internal-data personas - concrete demonstration of fidelity improvement and value of data access.

VALUE YOUR OWN DATA MAKES IT REAL

The personas shift from archetypes to representations of actual HCP segments. When you test a message variant, the feedback reflects how oncologists who engage with AbbVie through specific channels and patterns would actually respond. The side-by-side comparison with public-data output makes the improvement concrete and measurable.

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IMPACT SCORE THE FULL PICTURE



15 MLR Pattern Learner

Pre-screen content against your committee's specific patterns

PROBLEM WEEKS ADDED TO EVERY DEPLOYMENT

MLR review adds weeks to every content deployment across all touchpoints. Generic AI pre-screening tools are emerging, but they validate against generic FDA regulatory rules. None of them learn the actual feedback patterns of a specific review committee.

SOLUTION COMMITTEE-SPECIFIC PRE-SCREENING

We build a **pre-screening tool trained on your MLR committee's specific feedback patterns** - not generic regulatory rules, but what your reviewers actually flag. Runs locally so no content leaves AbbVie's environment.

- **Committee-Specific Pattern Learning:** Trained on historical MLR feedback, approved vs. rejected content pairs, and your brand's claims library.
- **Draft Pre-Screening:** Flags likely objections before formal submission - off-label risk language, missing fair balance, unsupported claims - with suggested rewrites.
- **Local Deployment:** Runs inside AbbVie's environment. No content sent to external APIs. Data sovereignty is the central concern for pharma AI adoption - this addresses it directly.

VALUE FASTER TO MARKET ACROSS ALL CHANNELS

Every piece of omnichannel content you manage goes through MLR. Fewer first-submission rejections means faster time-to-market, lower rework costs, and content that hits its deployment window instead of sitting in a revision cycle. That compounds across every email, every asset, every channel your team manages.

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IMPACT SCORE FASTER TO MARKET

