



HEALTHCARE MARKET RESEARCH WORLDWIDE



# Social Media Impact of the ASCO Annual Meeting 2024

2024 ASCO ANNUAL MEETING

Date of the event: May 31 - June 04, 2024 – In-person + virtual  
APLUSA June 2024



# Objectives

The 2024 ASCO annual meeting took place from May 31<sup>st</sup> to June 4<sup>th</sup>, 2024, in Chicago, IL, USA. This year's event was primarily an in-person event with virtual broadcasts available. The program at a glance is available [here](#). As has been the case since 2019 we will be assessing the impact of the conference online:

2024 ASCO  
ANNUAL MEETING



## From the view of HCPs:

- Conditions and drugs most discussed during the listening period
- HCPs' posts that generated the most engagement
- Most mentioned clinical trials by HCPs
- Focus on multiple myeloma and molecular testing



## From the view of pharma companies:

- Top pharma companies (in terms of mentions)

# ● SCOPE



The scope of the analysis is focused on mentions coming **worldwide**.\*

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A total of **107K** mentions were recorded during the listening period from **May 24<sup>th</sup>, 2024**, to **June 11<sup>th</sup>, 2024** (one week before and after the conference).

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All mentions come from **X** (formally known as **Twitter**).

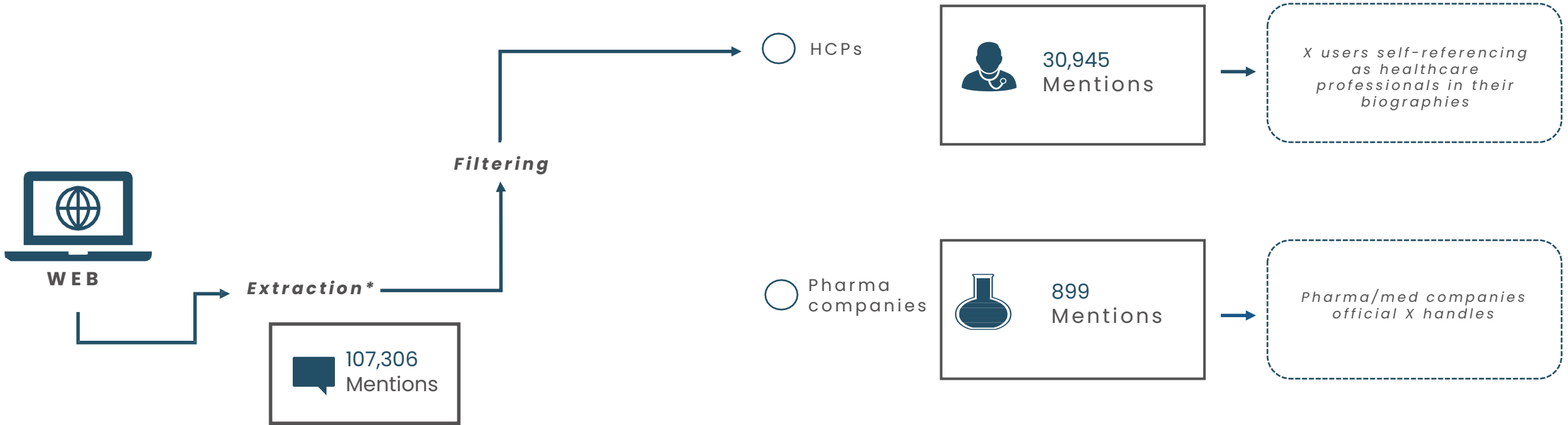
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A total of **12K** unique authors were identified.

\*#asco24 OR #asco2024 OR (asco NEAR/2  
(2024 OR 24))

# ● Methodology



\*\*#asco24 OR #asco2024 OR (asco NEAR/2 (2024 OR 24))

# ● CONTENT

## 01.

Social media performance:  
general and HCPs

- Volume of conversation
- Top posts
- Top hashtags

## 02.

Disease landscape

- SOV disease and drug

## 03.

Key drug/disease focus

- SOV clinical trials
- Focus on LAURA (clinical trial)
- Focus on multiple myeloma
- Focus on molecular testing

## 04.

Focus on pharma/med companies

- Top pharma companies



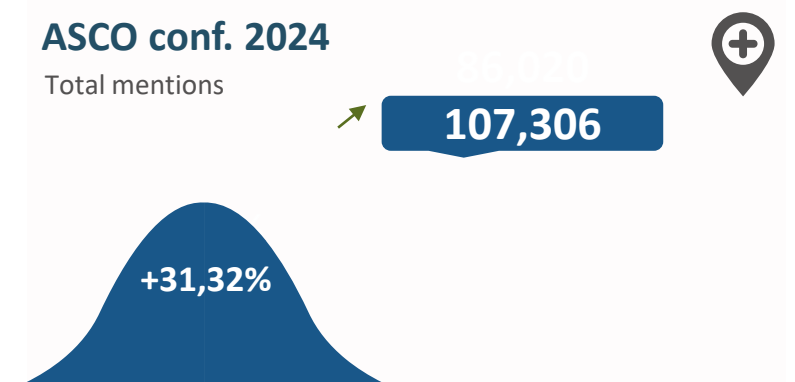
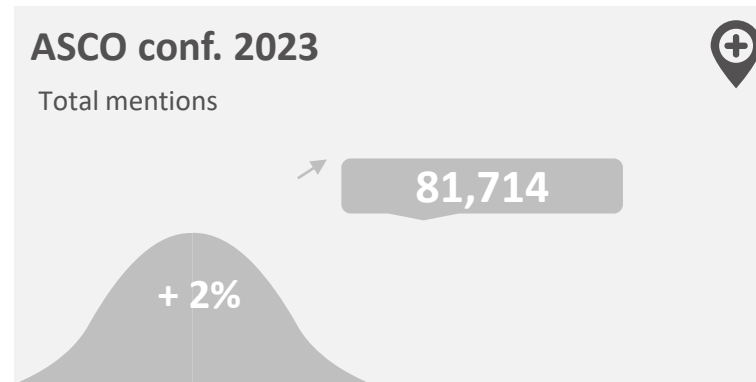
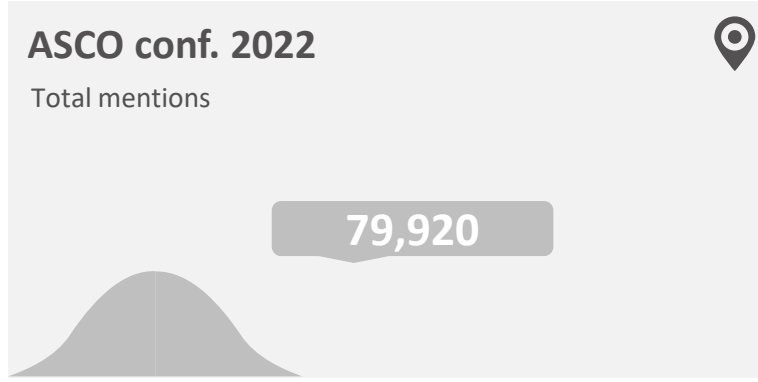
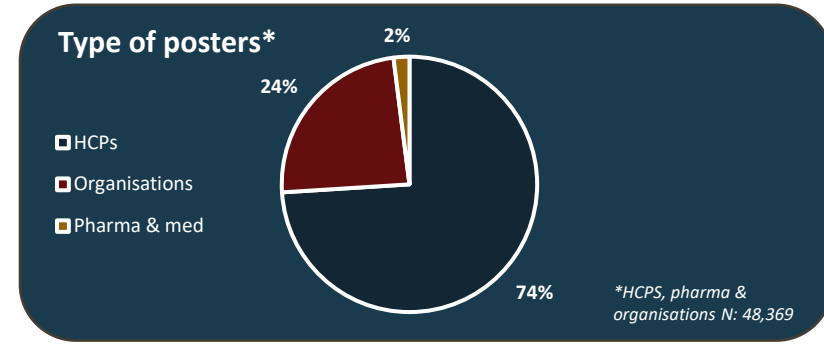
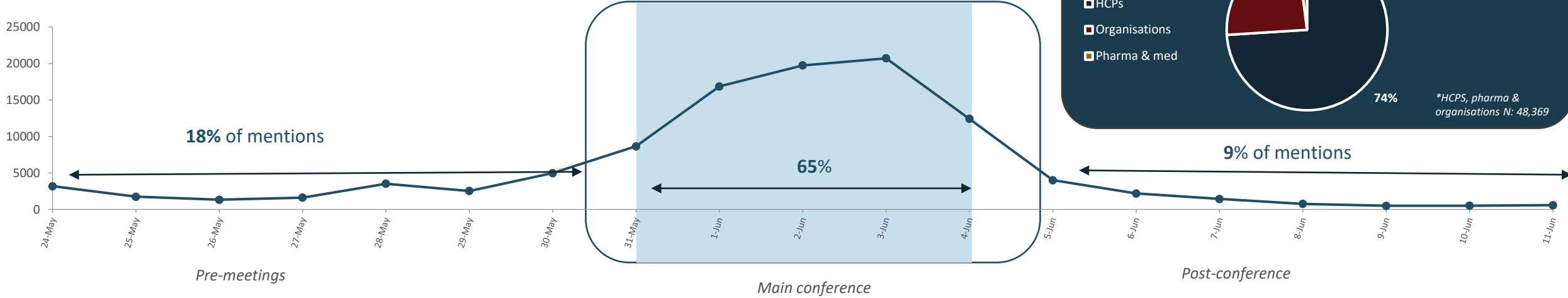
2024 ASCO<sup>®</sup>  
ANNUAL MEETING

e-CongressTrack™  
#ASCO24

# Volume of conversations

There was a strong **31,32% increase** in overall mentions when compared to ASCO 2023. Amongst the user types classified in this congress tracking, **HCPs** represent the bulk of the conversations at **74%**.

## Volume of mentions overtime ASCO 2024



# Top posts (from HCPs)



## Most liked

This post, published before the conference, is anticipating study results in **thoracic cancer** with a special mention towards the **LAURA** trial as well as a detailed algorithm of the current state of treatment in lung cancer.



## Most reposts

This post highlighted the **ESOPEC** clinical trial which showed **extended overall survival** with the **FLOT** perioperative chemotherapy regimen in adenocarcinoma of the oesophagus.



## Most replied to

The post receiving the most comments were congratulatory messages towards Dr. Manochakian receiving the **FASCO** designation.

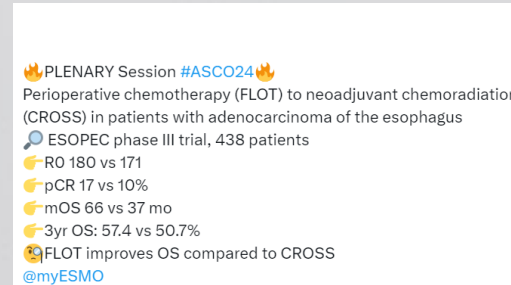
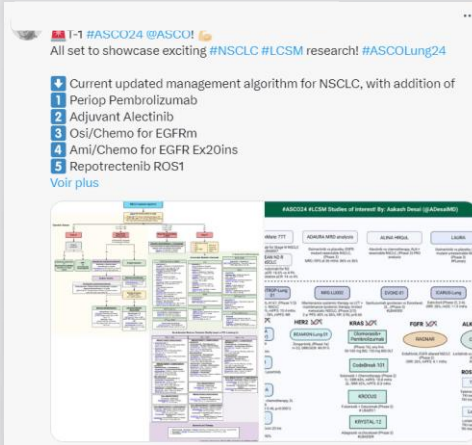
# Most engagement

Most liked, retweeted and replied (Ctrl + right click to access posts)

 Likes: 555

 Shared: 149

 Comments: 33



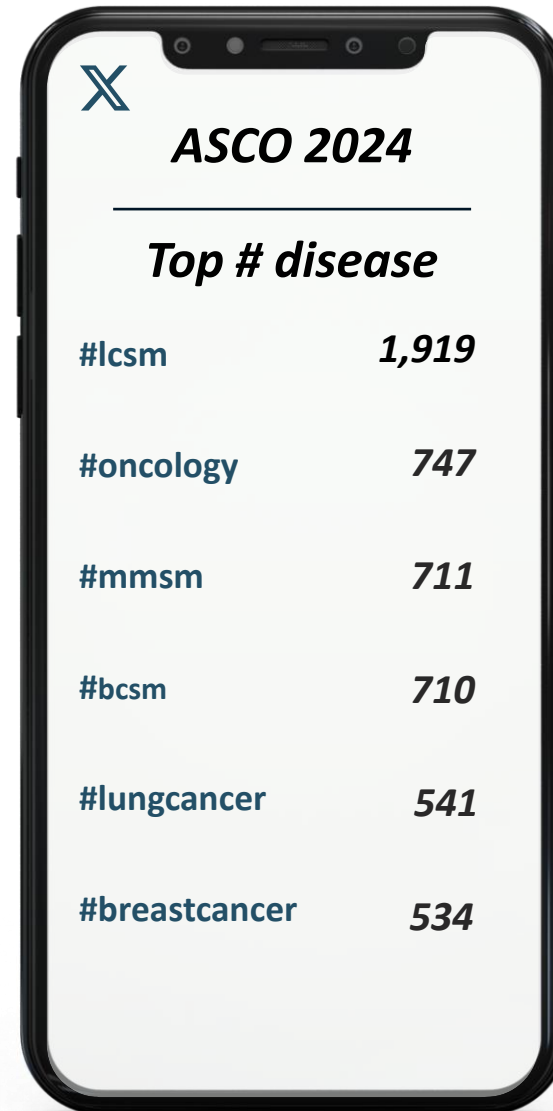
# Top hashtags (from HCPs)

The top hashtag was  
**#lscsm**

(AKA lung cancer social media).

This list is in line with the most discussed diseases during the conference namely lung and breast cancers.

The official hashtag #asco24 was the most used one with the variation #asco2024 in second place. Note the use of rallying hashtags such as #meded used by HCPs to facilitate connection.



ASCO 2024

**Top # disease**

#lscsm	1,919
#oncology	747
#mmsm	711
#bcsm	710
#lungcancer	541
#breastcancer	534



**Top #ASCO**

#asco24 33,728

#asco2024 1,299

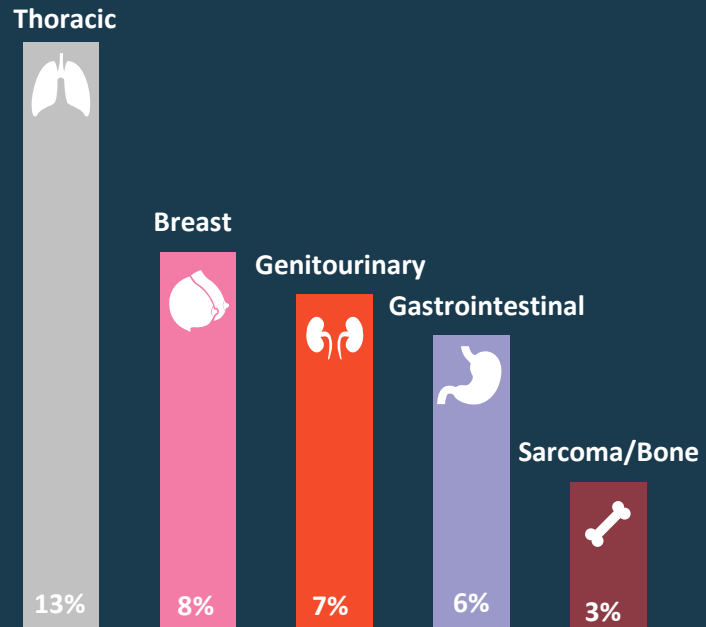
#cancer 438

#cancerresearch 276

#meded 230

## Top mentioned cancers and molecules (from HCPS)

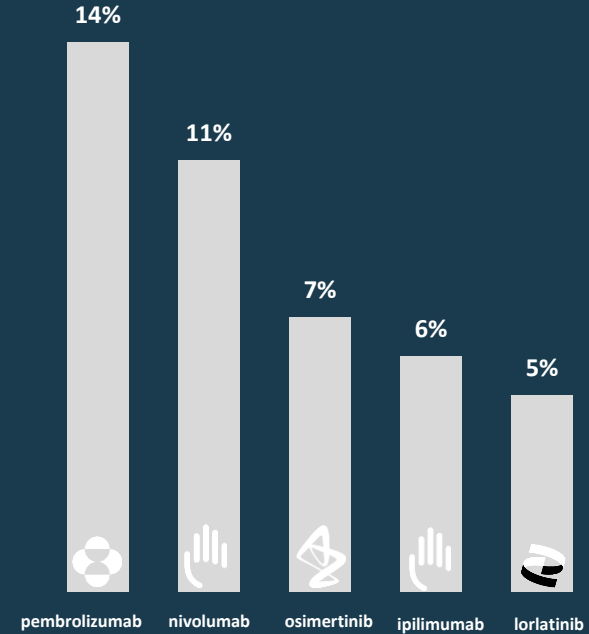
### Cancers



Thoracic cancers were the most mentioned thanks to multiple clinical trials focused on lung cancer. Of note results from the LAURA, ADRIATIC and CROWN trials were well received by HCPs online.

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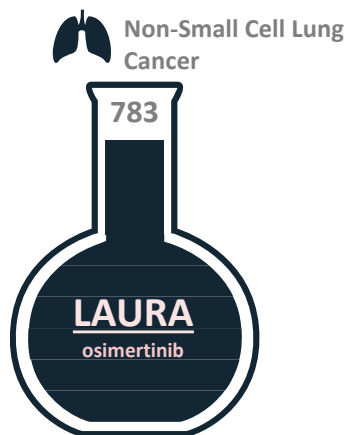
### Molecules



Pembrolizumab was the most mentioned molecules thanks to the EV-302, HERCULES and NEOPRISM-CRC clinical trials in metastatic urothelial cancer, advanced penile cancer and colorectal cancer respectively amongst others.

# SOV of clinical trials most discussed (# of mentions): lung cancer dominates

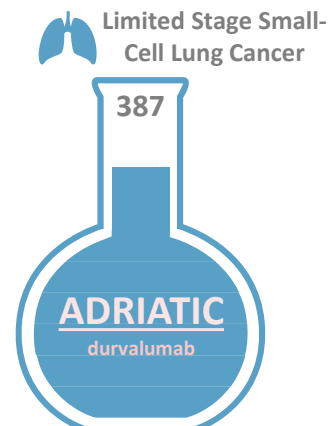
Tip : click on the trial names to access the corresponding [clinicaltrials.org](https://clinicaltrials.org) study record



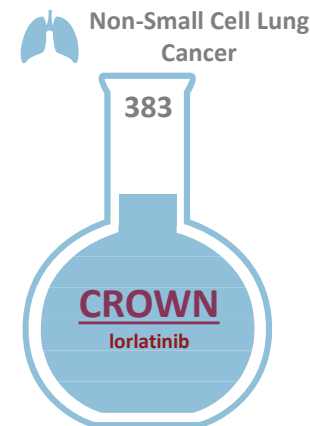
Sponsor: AstraZeneca



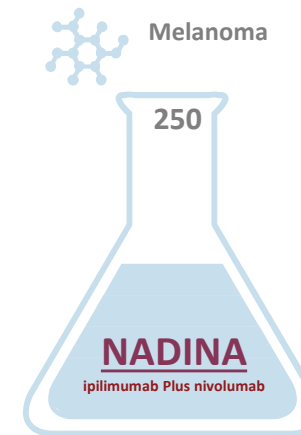
Sponsor: UK SH UNIVERSITÄTSKLINIKUM Schleswig-Holstein



Sponsor: AstraZeneca



Sponsor: Pfizer



Sponsor: NETHERLANDS CANCER INSTITUTE

“A global study to assess the efficacy and safety of osimertinib following chemoradiation in patients with stage III unresectable Epidermal Growth Factor Receptor Mutation Positive non-small cell lung cancer”

“The trial is designed to investigate differences in outcome of patients with esophageal adenocarcinoma and junctional adenocarcinoma treated with perioperative (neoadjuvant + adjuvant) chemotherapy (FLOT) plus surgical resection versus neoadjuvant chemoradiation (CROSS) plus surgical resection.”

“This is a Phase III, Randomized, Double-blind, Placebo-controlled, Multi-center, International Study of Durvalumab or Durvalumab and Tremelimumab as Consolidation Treatment for Patients with LS-SCLC Who Have Not Progressed Following Concurrent Chemoradiation Therapy”

“A phase 3 study to demonstrate whether lorlatinib given as monotherapy is superior to crizotinib alone in prolonging the progression-free survival in advanced ALK-positive NSCLC patients who are treatment naïve and to compare lorlatinib to crizotinib with respect to overall survival in the same population. »

“Multicenter Phase 3 Trial Comparing Neoadjuvant Ipilimumab Plus Nivolumab Versus Standard Adjuvant Nivolumab in Macroscopic Stage III Melanoma”

# Focus on the LAURA clinical trial: the most mentioned clinical trial during ASCO 2024 by HCPs, the LAURA clinical trial showed improved progression-free survival for advanced EGFR+ NSCL unresectable patients after definitive chemoradiation.



Results from LAURA showed significant improvement in PFS with a median of 39,1 for patients receiving osimertinib versus 5,6 for those on placebo representing a benefit of 84%.

Online reaction from HCPs was mostly positive for a treatment that is deemed a **new standard of care**. Some aspects and remarks highlighted by HCPs include amongst others:



**Access** to biomarking testing and drug cost needs to be taken in consideration.



**The length of use** on Osimertinib remain unknown



Doubts expressed about the clinical trial design:

- PFS vs OS as an **endpoint**,
- **proper staging** of the patients enrolled (no PET-CT and brain MRI to exclude potentially metastatic patients?)
- The ethical implication **of a placebo control**

Lung Plenary [#LAURA](#) Osi in Stage III unresectable [#NSCLC](#) - amazing results and will definitely affirm my practice to deliver targeted tx for pts w/ EGFR Mutation [@EGFRResisters](#)  
mPFS 39.1 vs. 5.6 months, HR 0.16  
Well done, [@RamalingamMD](#) and investigators [@ASCO #ASCO24](#)

[#ASCO24 #LAURA](#) I'm putting this 🙌 standing ovation video out here for all the patients and investigators who participated in this practice changing study.

➡ But, let's all remember that we can't celebrate until all patients get [#biomarkertesting](#) and access to these life-saving drugs in a more cost-effective way [#GlobalOnc #lscm @EGFRResisters @YoungLungCancer](#)

[#ASCO24 #Lungcancer](#)  
Why am I not so convinced with the results from LAURA? Looking at the design, it seems flawed from the beginning.  
If you want to compare curative-intent treatments, OS should be main concern.  
If PFS is ur thing, should've been Osi alone vs definitive CRT.



# Focus on multiple myeloma

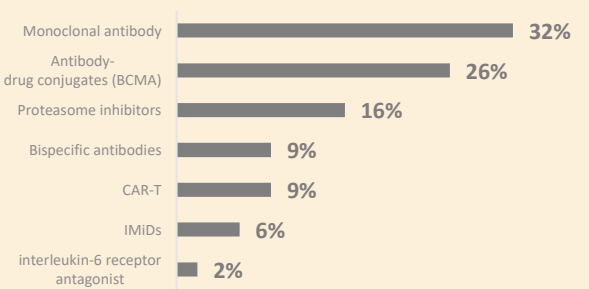
This year's ASCO conference was heavily focused on **monoclonal antibody** and more particularly daratumumab and **antibody drug conjugate** studied in the **DREAMM-7 and 8** trials.

The **IMROZ** clinical trial, the most mentioned showing **improved PFS and OS** with the quad therapy **Isa-Vrd** vs Vrd alone in transplant ineligible NDMM patients was well received by HCPs.

## Volume of mentions

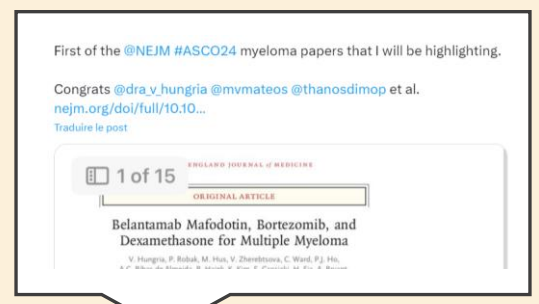


## Topics of discussions (type of treatment)

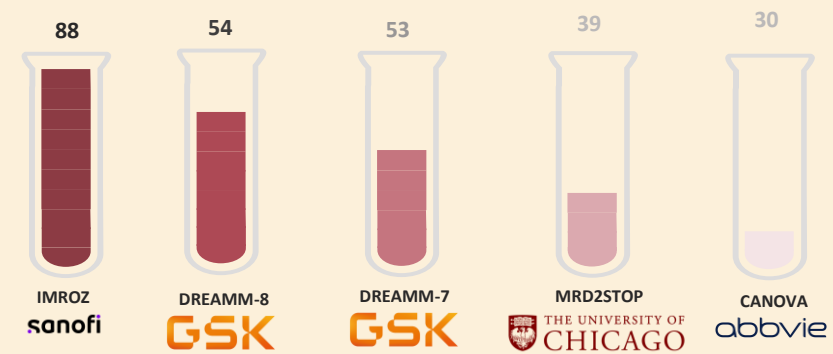


## Top posts from HCPs per engagement

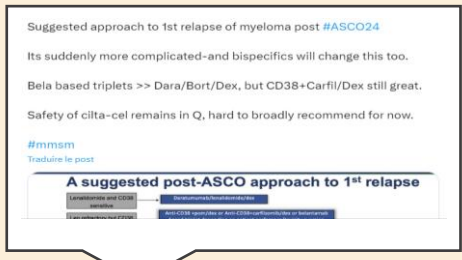
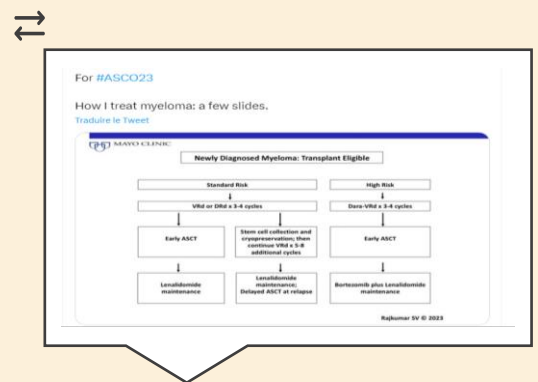
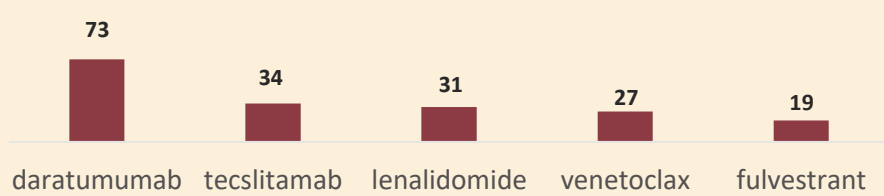
(Ctrl + right click to access posts)



## Most mentioned clinical trials



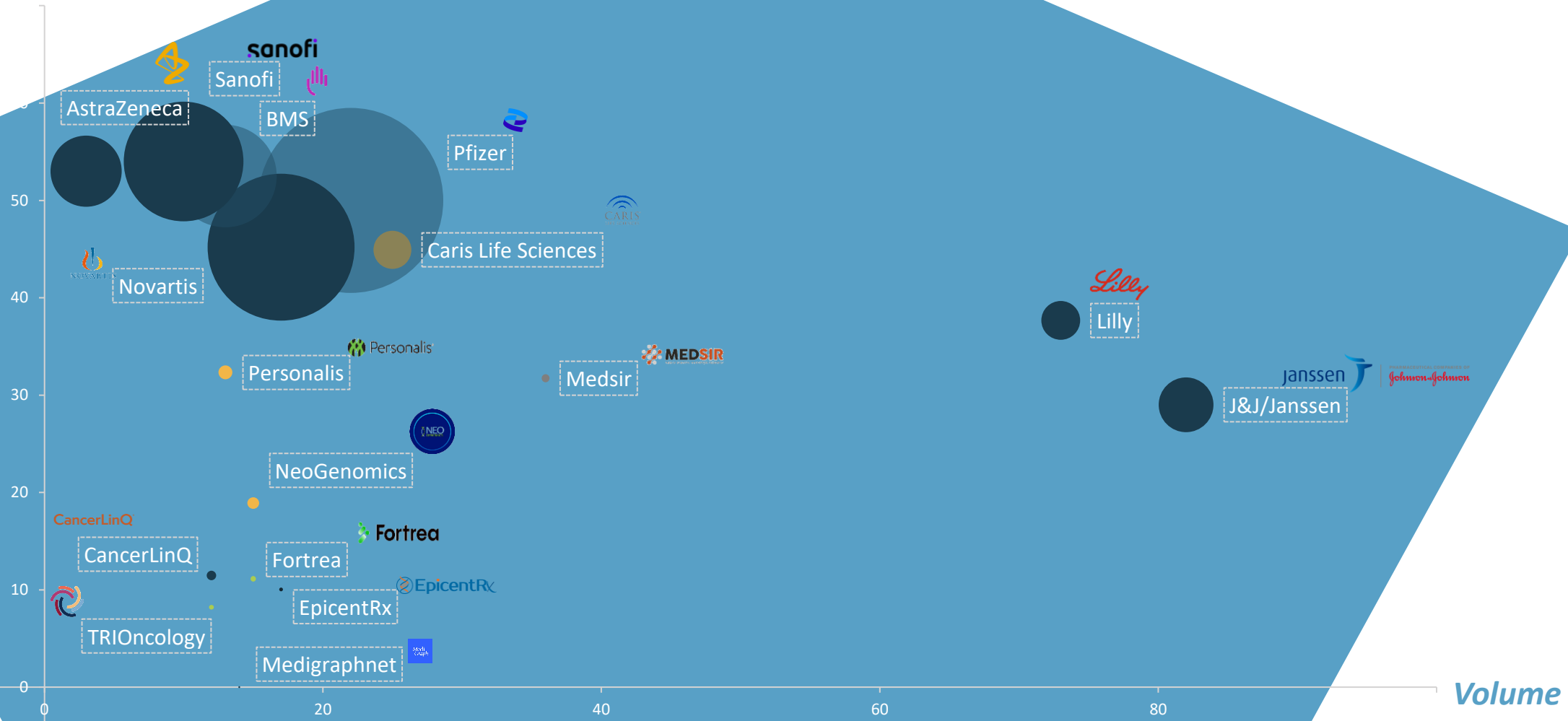
## Most mentioned molecules





# Pharmaceutical and medical companies during 2024 ASCO ANNUAL MEETING: top engagement per volume, impact and followers\*

Impact

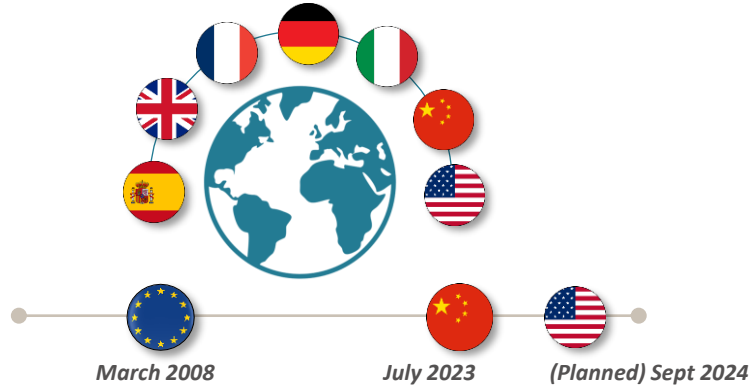


Volume

\*Volume: number of posts by pharma & med companies  
 \*Impact: engagement generated by pharma & med companies posts (liked, shared, replied to)  
 \*Bubble size function of followers

- Biotech
- Testing
- CRO
- Other

Data from various countries



Robust sample and continuous data collection



12-15' online interview

Per data collection period (6/ year)

PRFs (L1+L2)	165
# of HCPs	30
<b>Year 2024</b>	
# PRFs (L1+L2)	990
# of HCPs	180



**Oncologists / Urologists**  
prescribing systemic treatments in mRCC



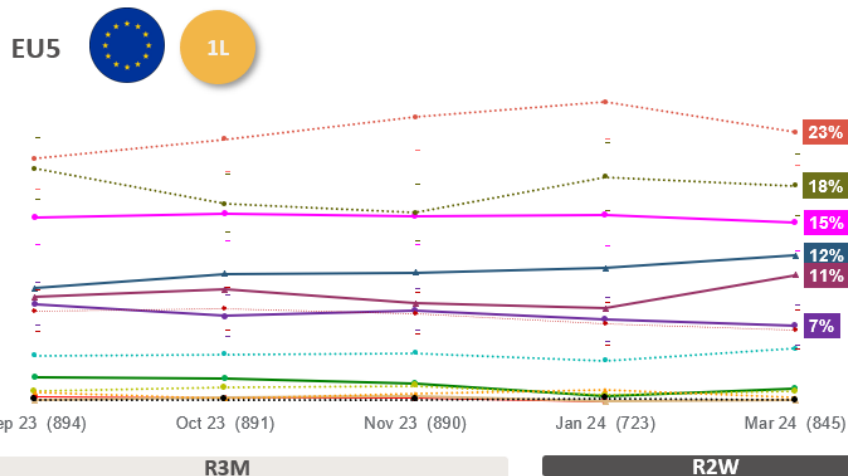
**Dynamic patients L1 and L2**  
Patients who started current line of therapy for mRCC during the 2 months preceding the data collection)



**R2W** Analysis is based on the 2 last waves (i.e. 60 HCP and 330 PRF)

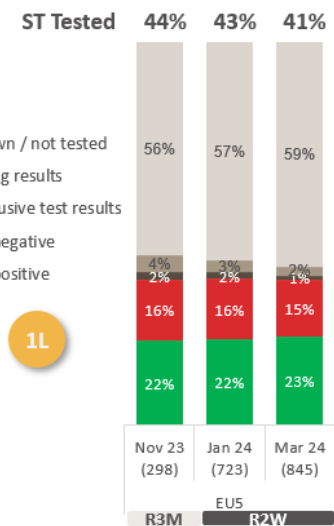
Relevant and impactful data (last wave : April 24)

Market Share

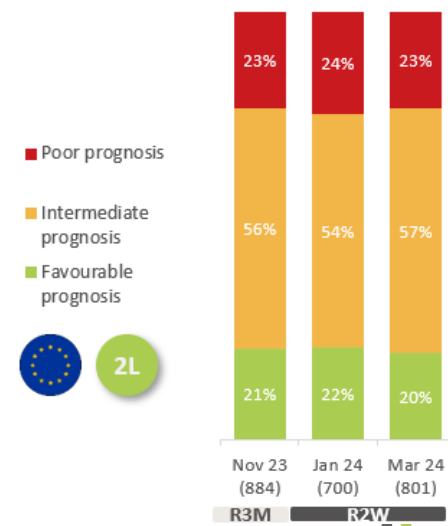


Testing

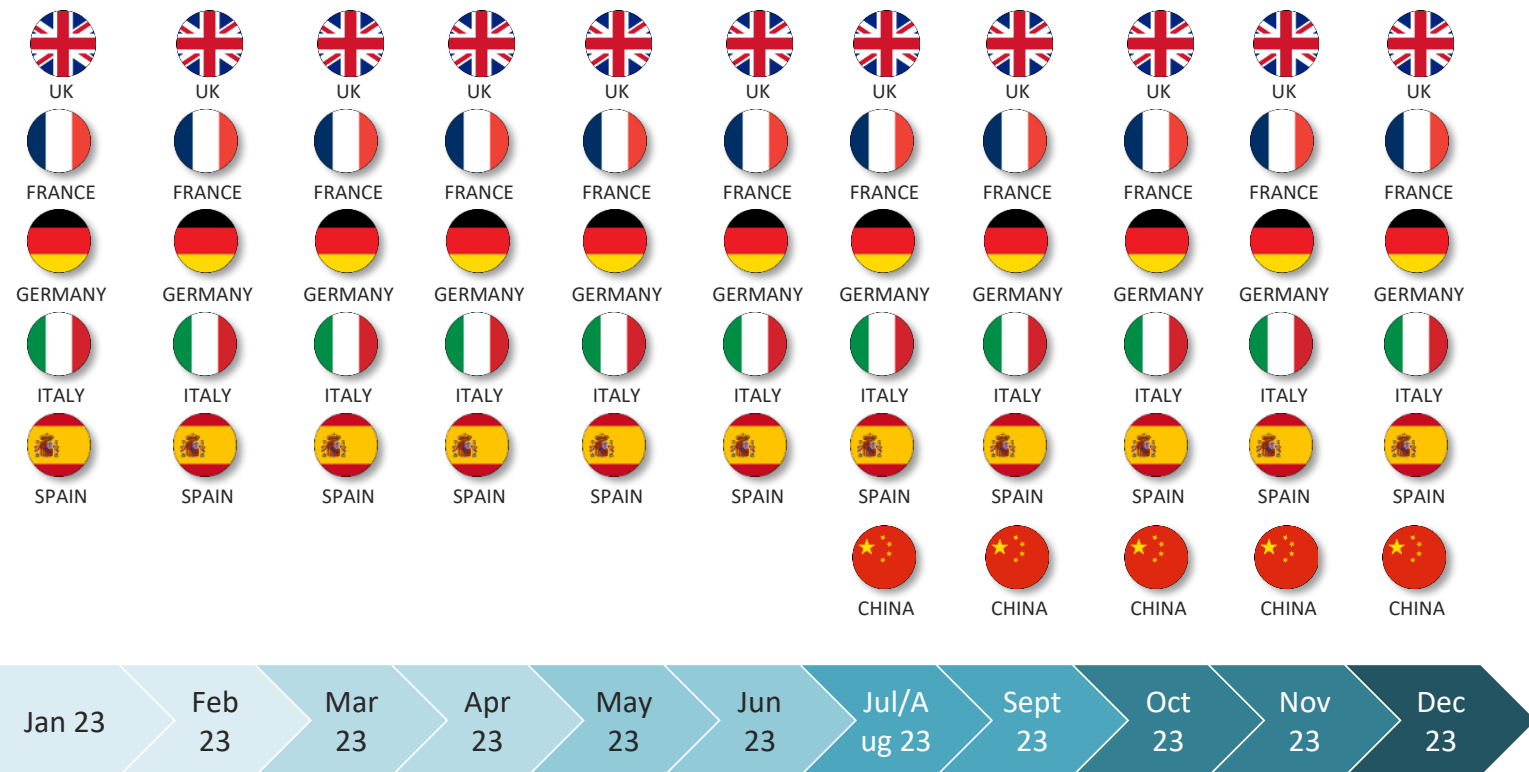
- sunitinib
  - Nexavar®
  - Avastin® (+/- IFN)
  - Torisel®
  - Votrient®
  - Afinitor®
  - Opdivo®
  - Cabometyx®
  - Kispilyx®+ Afinitor®
  - Fotivda®
  - Opdivo® + Yervoy®
  - Keytruda® + Inlyta®
  - Bavencio® + Inlyta®
  - Kispilyx® + Keytruda®
  - Opdivo® + Cabometyx®
  - atezolizumab+Avastin®
  - IFN (Interferon®)
- Confidence interval at p=0.05  
(Range of values that's likely to encompass the true value)



Prognosis status

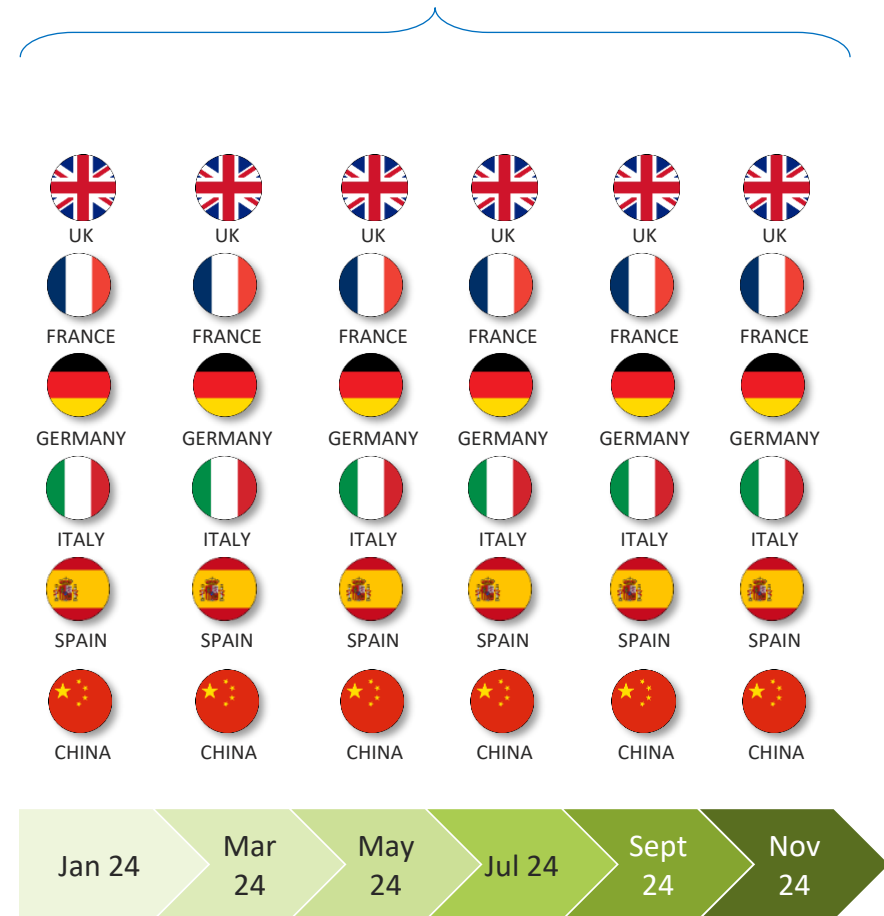


+ many more !



Monthly reporting

PLANNED FOR 2024



Bi-monthly reporting

## Data from various countries



- Quantitative online
- ATU + PRF
- 40 min interview



**Oncologists & Urologists** responsible for initiating therapy treatment for patients with mUC



**Patients** initiated with current line of therapy for **mUC** (stage IV A & B), during previous 3 months (de novo or progressed from early stages)  
All lines included (starting from L1)

## Robust sample and quarterly data collection

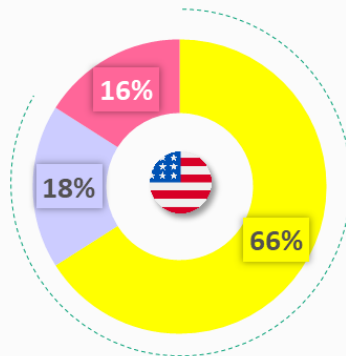
Sample per wave	DE	FR	UK	SP	IT	US	JP
<b>HCPs:</b>	60					50	30
Oncologists	x	60					-
Urologists	x	-					30
<b>PRFs: L1, L1 maintenance, L2+</b>	300					250	150

## Relevant and impactful data (last wave: Q1.24)

### PLATINUM & CISPLATIN ELIGIBILITY

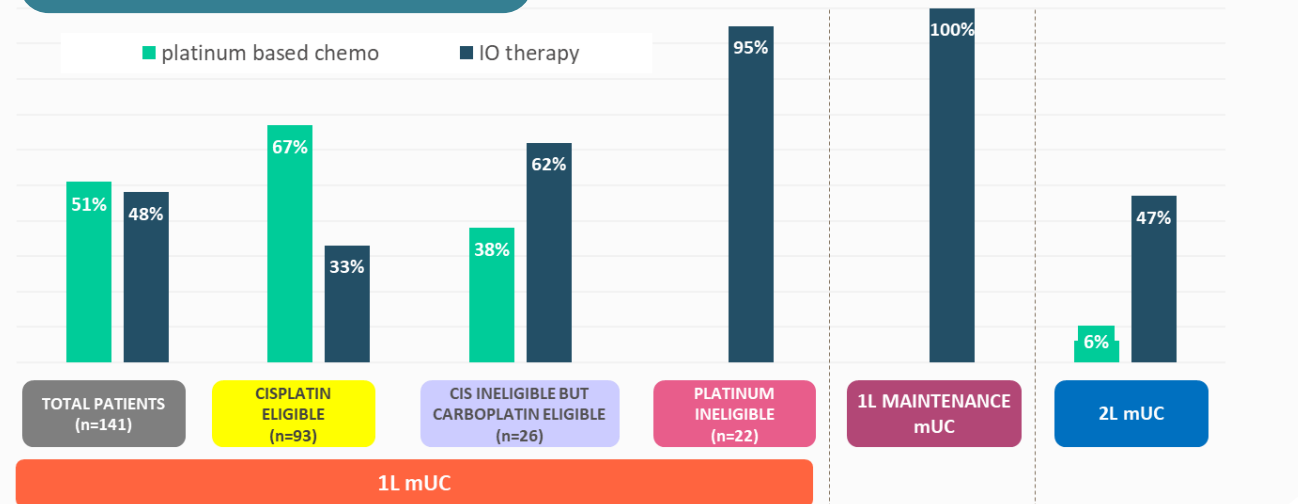
Observed from 1L PRFs (n=141)

- Cisplatin eligible
- Cisplatin ineligible but carboplatin eligible
- Platinum ineligible

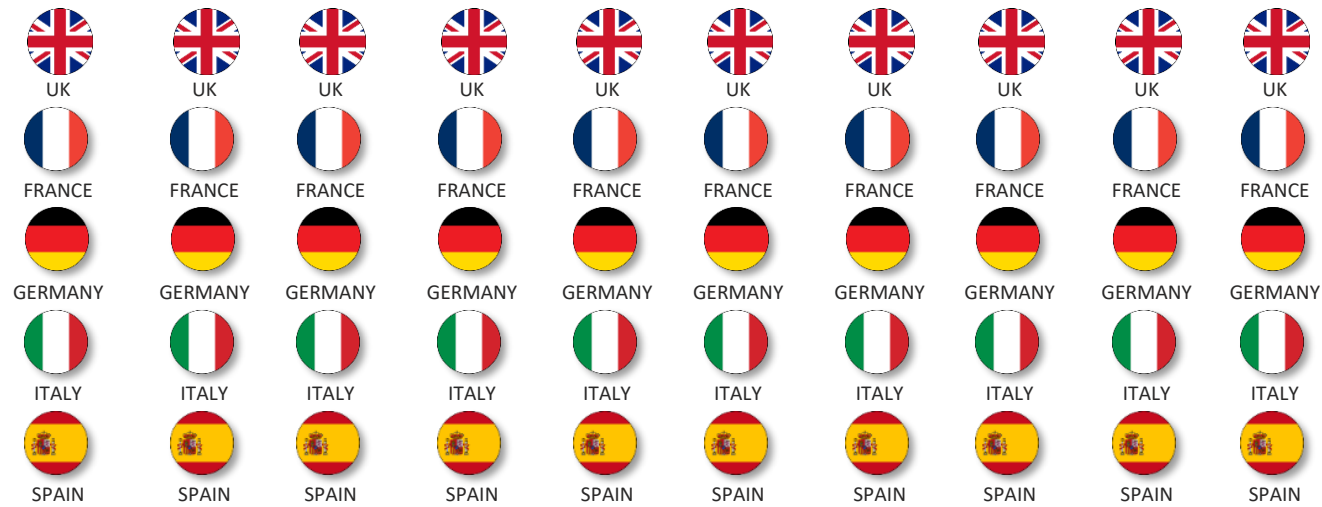


Platinum eligible  
84%

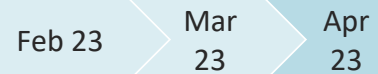
### PATIENT SHARES



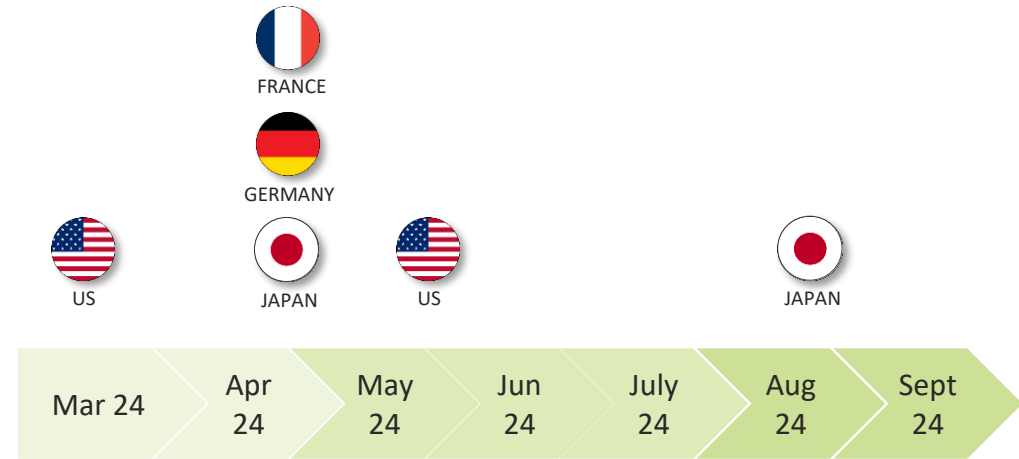
+ many more!



Post 1L module



1/2L initiation module



New redesigned tracker

**BOOTH  
430**

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**Meet our experts in ESMO 2024**  
**in BARCELONA SPAIN**

BARCELONA 2024 **ESMO** congress

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