S&P

Strategy & Performance

Life Sciences. Market Reality. Measurable Impact.

FROM SCIENTIFIC POTENTIAL TO INVESTMENT PERFORMANCE.

Select the right assets. Build the right leadership. Fund the right milestones. Create sustainable enterprise value.

VC / PE / FAMILY OFFICES

FUND THE NEXT PROOF POINT. NOT THE NEXT PROMISE.

Link capital deployment to verified milestones, capital efficiency, cash runway and measurable risk reduction. Financing rounds should support the next meaningful value inflection point, not simply prolong operations.



Capital discipline accelerates value creation.

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ICCBA® – REAL-WORLD CUSTOMER INTELLIGENCE WHERE DECISIONS ARE MADE

Point of Prescription / Recommendation / Adoption ("Point of Sale")

Not just expert opinion. Real-world perception where prescribing, recommendation and adoption actually happen.

Traditional Expert Formats

- focus groups
- KOL / professor opinions
- strategic expectations
- valuable – but not sufficient

VS

ICCBA Real-World Intelligence

- daily prescribers
- recommenders
- users
- real market behaviour

Don't ask only those who explain the market. Ask those who actually make the market.

Traditional focus groups with professors, KOLs, and top experts are useful, but they can be misleading if they are treated as market reality.

ICCBA Proprietary Real-World Performance Tool

What really matters is how real prescribers, recommenders, and users perceive the client/brand versus competitors in daily clinical practice.

ICCBA captures that real-world customer perception and translates it into **management action.**

INTRINSIC PERFORMANCE

Product / brand perception

up to ~80 tailored questions

- medical benefit
- efficacy
- safety
- innovation
- differentiation
- usability

ONE ASSESSMENT. UP TO 8 COMPARATORS.



EXTRINSIC PERFORMANCE

Company / service perception

up to ~80 tailored questions

- medical affairs
- scientific communication
- field force
- services
- customer orientation
- company performance

Up to 6 HCP Groups

Reference design: n ≥ 40 per group

Office-based specialists | **Hospital specialists** | **Subspecialists** | **High-prescribers** | **Clinical decision-makers** | **Other target HCP groups**

Simultaneously assessed, where operationally feasible. | *Separately analyzed, where strategically relevant.*

Each participating HCP evaluates the client/brand and all included comparators within the same assessment.
This creates a differentiated and directly comparable customer-perception profile across competitors and HCP groups.

CONTROLLED ON-SITE ASSESSMENT

identity check | individual codes / QR | standardised tablet workflow | start / resume | pseudonymised analysis | ~3 hours

Share of Voice & Resources → **Market Performance / Market Shares** → **Customer Quality Perception**

Individual questions › clusters › segment profiles › competitive profiles › strategic priorities

THE MISSING LINK

ICCBA reveals how real-world customer perception translates market activity into competitive outcomes.

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ICCBA® - THE MISSING LINK BETWEEN MARKET ACTIVITY AND MARKET PERFORMANCE

Pharmaceutical companies know their market activities, investments and market shares. What is often missing is reliable information on how the product and the company are actually perceived by relevant customers in direct comparison with key competitors.

THE THREE MANAGEMENT DIMENSIONS

SHARE OF VOICE & RESOURCES

Market engagement · Communication · Medical & Commercial Activities · Resource allocation

MARKET SHARE GAINED / LOST

Market position · Market-share development · Competitive dynamics

CUSTOMER QUALITY PERCEPTION

THE MISSING LINK

How do relevant customers actually assess product and company — and how does this perception compare with competitors?

ICCBA DOES NOT MEASURE IN ISOLATION - IT COMPARES.

- The client and its brand are at the center of the assessment.
- Within the same assessment, the client/brand is evaluated against up to eight relevant competitors or comparator brands.
- Crucially, each participating healthcare professional evaluates the client/brand and every included comparator using the same questions and evaluation criteria.
- This creates a complete within-respondent competitive comparison for every participant.

CLIENT / BRAND *versus* **COMPETITOR 1 · COMPETITOR 2 · COMPETITOR 3 · COMPETITOR 4 COMPETITOR 5 · COMPETITOR 6 · COMPETITOR 7 · COMPETITOR 8**

TWO PERSPECTIVES - ONE INTEGRATED COMPETITIVE POSITION

INTRINSIC PERFORMANCE

Product-related perception

- Medical benefit
- Efficacy
- Safety
- Innovation
- Usability / ease of use
- Clinical differenitation
- Other product-specific performance dimensions

EXTRINSIC PERFORMANCE

Company-related perception

- Medical Affairs
- Scientific communication
- Field force
- Services
- Customer orientation
- Company performance
- Other relevant performance dimensions

ICCBA combines both perspectives into an integrated relative competitive position.

TARGET GROUPS

Up to 6 relevant HCP groups: office-based specialists · hospital-based specialists · subspecialists · high-prescribers · clinical decision-makers · other project-specific groups

S&P reference design: up to 6 HCP groups × n ≥ 40 per group · total N ≥ 200

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FROM CUSTOMER PERCEPTION TO MANAGEMENT ACTION

ICCBA does not end with a survey. The analysis systematically translates individual ratings into a strategic management diagnosis.

ANALYSIS CHAIN

1. **Individual Questions**
2. **Clusters**
3. **Intrinsic / Extrinsic Performance**
4. **Integrated Competitive Position**
5. **Strengths • Weaknesses • Competitive Gaps**
6. **Priorities for Management Action**

STATISTICAL POWER THROUGH THE COMPARATIVE DESIGN

- ICCBA's statistical strength comes not only from sample size, but from the paired / within-respondent design.
- Each participating HCP evaluates all included competitors personally.
- The same respondent therefore serves as his or her own reference in direct competitive comparisons, reducing between-person noise versus separate respondent groups.
- This increases the statistical efficiency and precision of relative competitive comparisions.

S&P reference design: up to 6 HCP groups × n ≥ 40 per group = total N ≥ 200

Final statistical power is determined and confirmed before project start based on expected effect size, variance, number of comparisons and planned subgroup analyses.

CURRENT POSITION → PRIORITY LEVERS → FUTURE POSITION

1 | CURRENT POSITION

Where does the client stand today?

- Which product and company-performance dimensions are evaluated better or worse than competitors?

2 | PRIORITY LEVELS

Which perception differences are strategically relevant?

- Where are resources already being translated successfully into perceived quality?
- Where is there a gap between resource input and customer perception?

3 | FUTURE POSITION

Which performance areas should be changed with priority?

- Which actions have the greatest potential to improve the future competitive position?

ICCBA measures current perception and provides the evidence base for future strategic positioning.

AI-ENHANCED ANALYTICS - SENIOR-LED INTERPRETATION

AI-SUPPORTED

- Data validation
- Plausibility and consistency checks
- Pattern recognition
- Cluster analysis
- Competitive comparisons
- Identification of relevant deviations

SENIOR-LED

- Medical interpretation
- Assessment of clinical relevance
- Strategic interpretation
- Competitive diagnosis
- Derivation of concrete management options

AI accelerates the analysis. Senior expertise determines what it means.

THE RESULT: Where do we stand compared with our competitors - why are we there - and which performance areas must we change to improve our future position?

MARKET ENTRY DOES NOT EQUAL MARKET SUCCESS.

Successful launches in Europe and the United States require evidence-based positioning, commercialization capabilities, customer intellligence, partnerships, operating readiness and disciplined execution.



Approvals open doors.
Execution creates the business.

TWO ASSET CLASSES. TWO RISK PROFILES. ONE INVESTMENT DISCIPLINE.

MedTech and Biotech have different development cycles, clinical evidence requirements, regulatory pathways and capital needs. Both require evidence-driven investment decisions.



Different paths. Same need for disciplined value creation.

BUILD ENTERPRISE VALUE BEFORE YOU PLAN THE EXIT.

Sustainable enterprise value emerges from validated science, capable management, credible commercialization, attractive economics and strategic buyer relevance. Exit readiness should be developed early.

Validated Science

Differentiated assets with clear clinical and real-world potential.

Management Quality

Experienced teams with proven execution capabilities.

Commercial Traction

Demonstrated market adoption and scaling potential.

Economics

Attractive unit economics, scalable margins and capital efficiency.

Strategic Relevance

Alignment with strategic buyer priorities and clear value differentiation.

Strategic Acquisition

Maximize value through strategic fit and scale.

Licensing / Partnership

Realize value through targeted alliances.

Independent Growth

Build a leading independent company with long-term value.

Better businesses create better exits.

SCIENTIFIC EXCELLENCE IS NOT EXECUTIVE LEADERSHIP.

Brilliant founders do not automatically possess the leadership capabilities required to build a commercially successful business. Management assessment, governance, executive recruitment, coaching and interim leadership can become decisive value drivers.



The right science needs the right leaders.

THE NEXT BREAKTHROUGH IS NOT ALWAYS THE BEST INVESTMENT.

Great innovation and great investments are not synonymous. Scientific plausibility, defensible IP, unmet medical need, capital requirements, market potential and exit feasibility must all align.



SCIENCE — Scientific validity and differentiation.

IP — Defensible and durable intellectual property.

MEDICAL NEED — Clear and substantial unmet need.

CAPITAL — Realistic capital requirements and use of proceeds.

MARKET POTENTIAL — Meaningful and scalable commercial opportunity.

EXIT FEASIBILITY — Plausible and attractive exit pathways.



Hidden strengths. Hidden deal-breakers. Better investment selection.

BEYOND THE PITCH DECK. INTO INVESTMENT REALITY.

Challenge the assumptions before committing the capital. Evaluate science, IP position, clinical evidence, regulatory feasibility, market access, economics, leadership and execution capacity.



Execution

Evaluate operational capabilities and go-to-market readiness.



Science

Assess the robustness, differentiation and translational potential.



IP

Evaluate freedom to operate, patent strength and longevity.



Leadership

Assess experience, track record and strategic alignment.





Clinical Evidence

Validate the quality, consistency and real-world relevance.



Economics

Model value, pricing scenarios and return potential.



Market Access

Understand payer dynamics, reimbursement and adoption potential.



Regulatory

Assess pathway, feasibility, timing and global complexity.

Strategic and commercial due diligence for better decisions.

APPROVAL IS A MILESTONE. ADOPTION IS THE BUSINESS.

A development asset must navigate the correct regulatory route and establish an economically credible pathway to real-world adoption.

Biotech / Biopharma



MedTech / Diagnostics / Digital Health



The right pathway determines both timing and value.

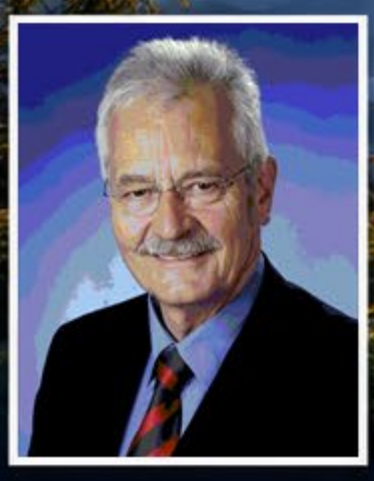
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Life Sciences. Market Reality. Measurable Impact.

YOU BRING THE CAPITAL. WE HELP CREATE THE VALUE.

Scientific understanding. Strategic assessment. Leadership support. Commercial value creation.



Dr. Horst Mertens, MD, MBA
Managing Director

S&P Health Care Consulting Partners GmbH
Biskamp 16
23683 Scharbeutz
Germany

horst.mertens@shccp.de

+49 (0) 171 851 7831

For more details, please visit:

www.shccp.de

SAME SCIENCE.
A CLEARER VIEW.
A STRONGER TOMORROW.