A Snapshot of Our Firm

- Analysis Group is the largest privately held economic consulting firm in North America
- Our clients include major law firms, Fortune 100 companies, and government agencies
- We have been growing steadily since our launch over 30 years ago and now have 10 offices in the U.S. and Canada
- Our firm has over 500 professionals, many with graduate degrees in economics, finance, accounting, management, or law
- We have been ranked as one of the top ten consulting firms by Vault for the past three years
- We have been named one of the ‘Top Places to Work’ in Massachusetts by The Boston Globe for the past four years
Our Professional Team

Interdisciplinary team with expertise in:

- Health economics
- General economics
- Econometrics
- Biostatistics
- Epidemiology
- Pharmacy
- Medicine
- Finance
- Business Administration
- Accounting

Over 120 health care specialists with advanced degrees: PhD, PharmD, MD, and ScD
Our Clients

- Pharmaceutical manufacturers
- Medical device manufacturers
- Drug delivery companies
- Biotechnology companies
- Payers (insurers, employers)
- General and specialty hospitals, integrated delivery networks, joint ventures, and physician practices
- Equipment and medical product companies
- State and federal government
Our Integrated Approach to Health Care

**BUSINESS DIRECTION**
- Therapeutic area selection and strategy
- Product portfolio optimization
- Partnering, licensing, outsourcing, acquisitions
- Organizational structuring to achieve growth
- Technology and commercialization assessment

**COMMERCIAL RESULTS**
- Brand strategy and positioning
- Market analysis and segmentation
- Global pricing and reimbursement
- Managed care contracting
- Competitive assessment
- Lifecycle and patent expiry management strategy

**SCIENTIFIC OUTCOMES**
- R&D health care economics
- Health outcomes and cost-effectiveness
- Econometrics
- Public/regulatory hearings
- Epidemiology and biostatistics
- Clinical trials optimization

**LITIGATION**
- Intellectual property
- Antitrust
- Product fraud
- Off-label investigations
- General commercial business litigation
- Contract disputes
Selected AG Health Care Studies in the News

**Votrient**

*February 22, 2011*

AG epidemiologists and Harvard affiliates used novel statistical methods to assess survival data for economic models demonstrating Votrient’s cost-effectiveness. NICE issued a positive Final Appraisal Determination for Votrient as a first-line treatment for advanced or metastatic renal cell carcinoma.

**Celexa**

*May 2, 2007*

When the maker of the blockbuster antidepressant Celexa was threatened with safety concerns and additional black box warnings by the U.S. FDA, AG epidemiologists helped demonstrate that the drug was no less safe than class competitors and averted differential labeling.

**Humira**

*June 2008*

AG pharmacoeconomists provided the maker of Humira with pivotal support in modeling and developing health economic submission packages for commercial and national payers. NICE has recommended Humira and not competing TNFs in certain indications.
Our Research Generates Timely and Impactful Scientific Evidence

- Innovative research
- Cutting-edge health data
- World-class analytics
- Academic thought leaders
- Publications
Analysis Group Assists Health Care Clients with HEOR Challenges Over the Product Life Cycle

- Early stage modeling and GAP analysis
- Personalized medicine analysis to help refocus clinical trial
- Increase awareness of diseases (e.g., prevalence, burden of illness)
- Identify, design, and validate appropriate PRO instrument
- Treatment patterns of conventional therapy (adherence, dose escalation)
- Drug safety
- Limitations of standard care and competitors (unmet needs)
- Demonstrate product value relative to conventional therapy
- Cost of illness studies
- HTA/reimbursement submission: CEA, BIA, Dossier
- Treatment pattern and adherence
- Support market expansion (burden of under-treatment, delayed treatment and delayed diagnosis)
- Identify the patient subgroup populations who most likely to benefit from a given treatment
Examples of Our Work:

Matching-Adjusted Indirect Comparisons
Indirect Comparisons in Comparative Effectiveness Research

- Health care decision makers face choices among a growing number of alternative treatments.
- Policy makers recognize the importance of strengthening the evidence base for medical decisions (e.g., renewed U.S. public investment in CER).
- Comparative evidence is valuable, but difficult to obtain.
- Head-to-head randomized trials provide the gold standard, but are not always available, especially for new drugs.
- A costly gap can result if treatment decisions and product strategies are developed without accounting for true product superiorities.

**Indirect comparisons help to fill such gaps**
Goals of Indirect Comparison

- Make a fair and credible comparison
  - Need to adjust for differences between trials
- Provide timely results
  - Need to inform decisions as they are made; can’t wait for more data
- Draw robust conclusions
  - Use all available clinical trial data
  - Appreciated by payers
Step 1: Study and Sample Selection

Inclusion/exclusion criteria for comparator trial need to be equivalent to or nested within the inclusion criteria for the IPD trial
Step 1: Study and Sample Selection

Inclusion/exclusion criteria for the published comparator trial can then be imposed on the IPD to create comparable populations.
Step 2: Reweighting Patients

Using robust statistical methodology, patients in Trial A can be re-weighted to match the baseline characteristics of those in Trial B.

Increase weight for females relative to males.
Results: Comparison of Outcomes between Matched Trials

- Our drug’s efficacy after matching
- Competitor drug’s published efficacy
- Balanced placebo-arm efficacy from our trial (after matching) and the competitor’s trial (as published)

$P < 0.001$
Examples of Our Work:

Personalized Medicine
Personalized Medicine

Comparative Effectiveness Research (CER): “What treatment works best for which patient population?”

*Traditional CER:* Given a patient population, find the treatment that works best

*Individualized CER:* Given a treatment, find the patient population for whom it works best
Any subpopulation involves a tradeoff between two goals

- **Maximize value proposition**
  Payers want to get the most value while limiting costs

- **Maximize market size**
  We want to access the largest market consistent with labeling

- Payers do not systematically consider this tradeoff when designing access restrictions

- The optimal subpopulation is the largest subpopulation in which the value proposition is acceptable to payers

**How can we identify this optimal subpopulation?**
Identification of Optimal Patient Subpopulations

In the full trial population, 21% more patients achieve response with active drug vs. placebo

Hypothetical data
Identification of Optimal Patient Subpopulations

Subpopulations defined by specific patient characteristics may show greater efficacy but may have limited market potential.

Hypothetical data
Identification of Optimal Patient Subpopulations

By combining multiple patient characteristics, the personalized medicine approach identifies the largest market size at any level of efficiency (the efficiency frontier)

![Graph showing subpopulation size vs. efficacy](image)

- Age < 50
- Weight < 100 kg
- ≥ 2 prior therapies
- All Patients

Hypothetical data
Examples of Our Work:

Drug Adherence
Impact of Non-Adherence to Anti-Epileptic Drugs on Health Care Utilization Resources and Mortality

Source: Duh MS, et al., ISPOR 2008; Duh MS, et al., ISPE 2008.
Examples of Our Work:

Cost of Illness Studies
Annual Costs per ADHD Patient and Non-ADHD Family Member

Your Career at Analysis Group
Career advancement is based on individual contributions in distinct areas:

- Casework
- Project Management
- Business Development
- Teamwork
- Overall contribution to the firm

Your Career Path - Positions:

Analyst → Senior Analyst → Associate → Manager → Vice President → Managing Principal
What Can You Expect as an Associate at Analysis Group?

- Ability to work across practice areas
- Exposure to different industries and areas of expertise
- A supportive environment where you will grow professionally:
  - Advisors and peer-mentors
  - Flexible case assignments
  - Collaborative/open-door policy
  - Lack of hierarchy
- Highly motivated, highly skilled colleagues
- Work closely with managing principals and academic affiliates; interact directly with clients
An Ideal Candidate

- Advanced degree in quantitative sciences, such as health economics, biostatistics, econometrics, statistics, epidemiology, psychometrics
- Outstanding track record of applying quantitative methods to real-world research problems, preferably in health care research
- Proficiency in at least one statistical programming language (e.g., SAS, R, S-PLUS)
- Excellent organizational and communication skills
- Comfortable interacting with clients and key opinion leaders
- Ability to work independently and with a team
Your Interview:
What We Want to Know About You

- Interest in health economics, outcomes research, and epidemiology
- Your academic experience and career goals
- Industry experience or specialized expertise
- Data-driven papers or projects you’ve worked on
- Analytical and technical skills; conceptual capabilities
- Communication skills and teamwork experiences
- Displays of leadership
Application Information

Analysis Group, Inc. is currently conducting a resume drop for Johns Hopkins Bloomberg School of Public Health students.

Resume Submission Deadline:

- Monday, October 15, 2012

Please submit your resume, unofficial transcript and a cover letter indicating geographic preference(s) through the Career Services office and the Analysis Group, Inc. website: www.analysisgroup.com/open_positions. In order to be considered, you MUST list Career Services/Job Posting in the source field.

For more information about Analysis Group, please visit our website at www.analysisgroup.com