



WHITE PAPER

Scientific Narrative as Strategic Infrastructure: A Practical Lens for Medical Affairs Leaders Across the Asset Lifecycle



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Introduction

Medical Affairs Leaders are being asked to make pipeline-to-launch planning more integrated, faster, and more defensible while maintaining strict scientific and compliance standards. Across organizations, the common failure mode is not an absence of data, but absence of a coherent, evidence-constrained backbone that connects science to the decisions stakeholders must make over time.

Industry guidance, from sources such as the Medical Affairs Professional Society (MAPS), McKinsey, and the Boston Consulting Group, increasingly emphasize integrated evidence generation, well-governed cross-functional alignment, and disciplined insight processes as prerequisites for launch readiness. What is needed to enable these critical processes is a coherent scientific narrative; an evidence-constrained decision framework that connects evolving science to internal and external decisions across the asset lifecycle (**Figure 1**).

This review offers a non-proprietary lens to recognize scientific narrative-driven versus activity-driven strategy, estimate the hidden business cost of narrative immaturity, and discuss approaches to aligning publications, field Medical, Health Economics & Outcomes Research / Real-World Evidence (HEOR/RWE), and the compliant Medical-Commercial interface without turning “narrative” into promotional messaging.

Scientific narrative is not mere messaging, but the operating system that determines what evidence gets built, where teams focus, and how cross-functional friction is avoided. It is how launch excellence gets ingrained before the launch is imminent.

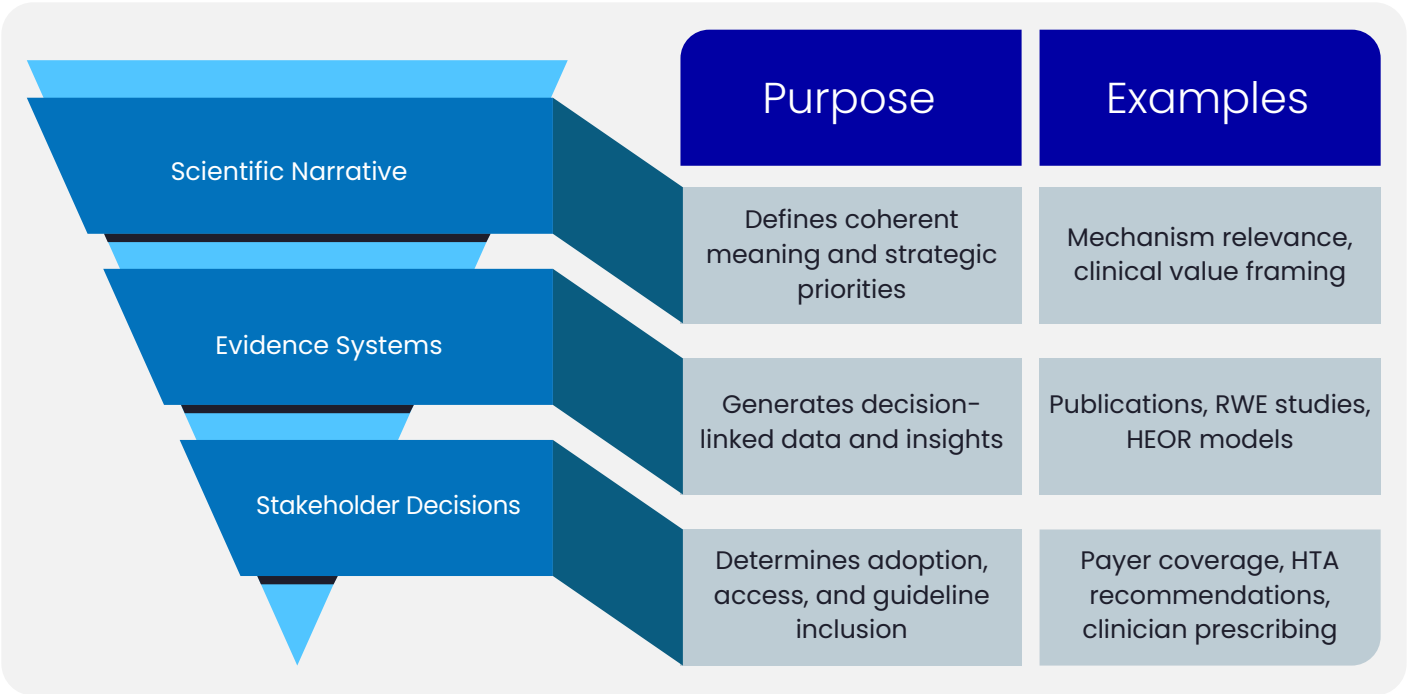


Figure 1. Hierarchy Linking Scientific Narrative to Decisions.
Abbreviations: RWE, real-world evidence; HEOR, health economics and outcomes research; HTA, health technology assessment

Reframing Scientific Narrative (Without Calling It “Storytelling”)

What evidence without coherence can look like inside companies

Common, recognizable pain signals can come from publications, field Medical, evidence generation, and interactions with Commercial colleagues. Publication plans can read like calendars, not strategies, listing outputs without a decision-linked theme. Medical Science Liaison (MSL) deployment may be optimized for coverage and visit counts to Key Opinion Leaders (KOLs), rather than being focused on shepherding the learning journey, recognizing and recording insights, and gathering critical feedback on published evidence. HEOR/RWE workstreams may be “supportive” but misaligned to the actual Health Technology Assessment (HTA), guideline, or clinical practice decisions they are meant to inform. Finally, Medical–Commercial interactions may require multiple rounds of meetings debating interpretation of compliance rules and changing guardrails because the underlying “shared-truth layer” is not explicit or stable. These are the most salient examples, and they all derive from not having a coherent scientific narrative driving strategic decision-making.

Teams sometimes fail, not because they lack effort or activities, but because they lack an aligned decision framework.

An aligned decision model is a clear, disciplined framework that answers four questions for any asset:

- What must be true for this asset to succeed? (E.g., which clinical outcomes, which payer beliefs)
- What evidence would prove or disprove those things? (E.g., which endpoints, which subgroups, which RWE signals)
- Who makes the key decisions? (E.g., regulators, KOLs, payers, guideline committees)
- When do those decisions happen? (E.g., before pricing, during HTA review, at guideline revision)



Phase	Risk Level	Common Issues
Phase 2	Low	Uncertainty manageable; alignment possible
Phase 3	Medium	Evidence plans diverge; orphan publications
NDA/BLA	High	Conflicting interpretations; compliance friction
Launch	Very High	External confusion; credibility erosion

Figure 2. Lack of scientific narrative causes escalating risk across development phases.

Abbreviations: NDA, new drug application; BLA, biologics license application

When each function independently pursues its own view of “what matters,” evidence plans diverge; downstream alignment becomes a negotiation rather than unified strategic synthesis.

The cost of evidence without coherence

The cost of coherence failure is rarely booked as a line item, but it shows up in several activities. Governance friction is evident in slow decision cycles and higher rework load (multiple iterations of plans, decks, and escalations). Evidence generation can suffer duplicated spend and missed evidence timing (the right study, too late). KOL engagement can be negatively affected by diluted external credibility when themes shift or conflict across channels (publication signals versus field exchange vs. value evidence vs. Commercial (**Figure 2**)).

MAPS, whose mission is to improve patient outcomes by maximizing the impact of Medical Affairs, emphasizes that Medical Affairs teams need explicit, transparent frameworks that define the following:

- Who owns which decisions
- How evidence is interpreted and approved
- What the escalation pathways are
- How Medical, Commercial, HEOR/RWE, publications, and Compliance interact

Without this, teams fill the void with their own assumptions and competing versions of truth, known as an “interpretive drift.” A scientific narrative, serving as a guide to strategic infrastructure, reduces pain points, minimizes confusion, and streamlines the budget efficiency of Medical Affairs.



A precise definition

Scientific narrative is a disciplined, evidence-constrained way to connect what the scientific evidence suggests to what Medical Affairs Leaders decide across the lifecycle. In practical terms, it is the mechanism by which Medical Affairs translates a developing evidence base into decision-grade meaning, without overreaching beyond data.

Scientific narrative is a structured, evidence-based way for Medical Affairs to turn emerging science into clear, decision-ready meaning for stakeholders.

What it is not

Scientific narrative exists as a holistic, adaptable endeavor, and is not reducible to the following:

- A training deck or a gargantuan “scientific platform” slide library
- Brand positioning or promotional framing
- A message bank of claims divorced from evidence strength and governance
- A post-hoc explanation built after evidence already exists

Scientific narrative is not improvisation or messaging.

Why it matters

Medical Affairs is ultimately accountable for scientific credibility, decision-grade evidence strategy, appropriate use in practice, and cross-functional alignment under governance. **Scientific narrative infrastructure matters because it is the bridge between the evidence plan and the organization’s ability to execute it coherently.** This framing fits perfectly with evidence-planning methods that begin early, involve all functions, and continually update evidence priorities as knowledge grows and uncertainties shrink. It ensures that the organization is always producing the right evidence at the right time for real decisions, not just generating activity.

Scientific narrative infrastructure is the bridge between the evidence plan and the ability to execute it coherently.

The Impact of a Scientific Narrative-First Strategy

Publications: from output lists to decision-linked themes

When scientific narrative leads, publication strategy shifts from “how many manuscripts” to “which themes must land to enable specific external interpretations and decisions.” Practical results include:

- Fewer orphan manuscripts that do not ladder to a strategic question or decision
- Tighter thematic sequencing (what must be understood first, and what follows)
- Greater understanding by external stakeholders

Field Medical: from coverage to precision scientific exchange

Scientific narrative-first field strategy clarifies whom to engage, why, and what uncertainties should be reduced through exchange. This value of information (VOI) stance has the following advantages:

- Engagement priorities sharpen beyond “top KOLs” to include experts relevant to specific evidence gaps and adoption barriers
- Insights from KOLs become decision-relevant and structured to reduce uncertainty rather than accumulate anecdotes
- Proactive versus reactive scientific exchange becomes easier to govern because the “why” is explicit and evidence-linked

HEOR/RWE: from supportive evidence to decision-relevant value proof

Scientific narrative-first HEOR/RWE begins with the stakeholder (healthcare practitioner [HCP] or payer) decision being made (coverage criteria, placement, step edits, guideline strength, site-of-care shifts), and then working backward to the evidence required. Integrated evidence-generation guidance, mapped out using the scientific narrative, emphasizes sequencing and linkage between evidence generation and stakeholder needs over time.

The must-win criteria then become:

- Endpoints and outcomes that map to payer/HTA uncertainties (not just what is easy to measure)
- Decreased redundancy, as studies are planned as a portfolio against a shared decision model
- Improved timing, as evidence lands relative to access and guideline inflections rather than after launch momentum is set (avoiding backtracking the narrative)

Payer-focused RWE literature highlights the importance of data quality, bias control, and clinically meaningful endpoints aligned to decision needs, so organizations know what needs to be done. Scientific narrative allows those actions to be planned for maximum effect.

Medical-Commercial interface: from friction to a shared-truth layer

A mature scientific narrative creates a stable shared-truth layer that reduces interpretation battles and accelerates compliant alignment. Cross-functional interactions demonstrate reduced friction, with fewer repeated debates about interpretation, as the evidence-to-meaning mapping is explicit and governed. This leads to clearer handoffs and fewer compliance escalations, as boundaries are designed and not discovered midstream. Finally, faster alignment without interpretive drift is possible because the scientific narrative is anchored to well-understood evidence constraints and decision context (**Figure 3**).

Component	Purpose
Definitions	Ensure consistent terminology across functions
Claim Boundaries	Prevent promotional drift and maintain compliance
Evidence Rules	Map claims to supporting data strength and governance

Figure 3. Anchoring Medical and Commercial Alignment to a Shared-Truth Layer.

The Lifecycle Lens

Early development

There is a high risk that building evidence will not translate into adoption relevance, access expectations, or real-world practice. A critical scientific narrative-first advantage generates sharper hypotheses about what will matter later, and what would solidify the assets differentiation. Integrated evidence-planning approaches recommend initiating alignment before first-in-human studies, to reduce downstream misalignment and late-stage surprises.

Pre-launch

Consulting and professional society guidance emphasize that launch readiness depends on early, integrated evidence planning and governed execution. Without scientific narrative-driven launch plans, last-minute coherence work (“story alignment”) can force requests for rushed evidence, late protocol changes, or reworked materials. Here, the scientific narrative-first advantage yields earlier clarity on what evidence must land, and when, across publications, field, and value evidence.

Launch and growth

Launch excellence frameworks highlight the importance of coordinating medical evidence and insights from KOLs to support decision-making during market entry and growth. Without scientific narrative guidance, there is the risk of inconsistent external interpretation and confusing, noisy insights from the field. However, scientific narrative-directed launch excellence plans can result in faster learning feedback loops and stable scientific meaning externally, enabling iteration without interpretative drift.

Maturity / loss of exclusivity

Continuous updating of integrated evidence plans is needed as a product enters new phases, indications, and competitive environments. The risk in this phase is that maintenance co-occurs with declining strategic coherence and fragmented evidence updates. Scientific narrative-first plans sustain credibility and differentiated real-world meaning that support guideline durability and practice stability.



How to Self-Diagnose a Scientific-Narrative First Organization

Signals an organization is scientific narrative-first

Organizations that use formal systems for turning scientific information into clear, actionable decision-relevant outputs, are likely scientific narrative-first by design. These Medical Affairs groups also exhibit trackable characteristics, such as having teams that can articulate a consistent scientific narrative across functions, publication themes that are clearly built toward a recognizable external understanding, field insights that are structured and repeatable (captured against defined evidence uncertainties), and HEOR/RWE studies that feel inevitable and decision-linked, not opportunistic or unduly rushed (**Figure 4**).

Signals an organization is activity-first

VOI methods formalize the cost of uncertainty. What is often observed in activity-first organizations without VOI guidance is:

- Great science with inconsistent interpretation
- Meetings that focus on “what we’re doing” versus “what decisions we’re enabling”
- Evidence generation efforts that feel busy but not cumulative
- Cross-functional alignment that requires constant rework, escalation, and re-approval cycles

VOI separates meaningful learning from just more activity.

- *Which uncertainties actually delay adoption?*
- *Which evidence gaps matter for payers, HCPs, or guidelines?*
- *What decisions do the organization or external stakeholders need to make?*
- *Which evidence would meaningfully change those decisions?*

Dimension	Activity-Focused	Narrative-Focused
Interpretation	Inconsistent across functions	Unified and evidence-constrained
Meetings	Task-oriented	Decision-oriented
Evidence Generation	Busy but not cumulative	Sequenced and strategic
Cross-Functional Alignment	Requires constant rework	Stable under governance

Figure 4. Comparison of Organizational Maturity States.



Example Scientific Narrative for Nepenthe

Scientific narratives are optimally built around eight pillars to direct strategy in each Medical Affairs function. We will look at a fictional therapeutic and build a scientific narrative core. In Homer's *The Odyssey*, Helen of Troy administers nepenthe to Menelaus's dinner guests to relieve grief by causing forgetfulness. Starting with this report of acute efficacy, we can begin building the pillars of the scientific narrative.

Clinical truth (burden / unmet need)

Acute grief, traumatic recall, and perseverative rumination can become functionally disabling and can drive insomnia, social withdrawal, and impaired decision-making. Rapid, tolerable relief remains a common unmet need when distress is overwhelming.

Scientific truth (mechanistic opportunity)

Nepenthe is positioned as a memory-affect decoupler: it blunts the affective "sting" of emotionally charged memories while preserving basic orientation and social function. Conceptually, it targets limbic salience and reconsolidation rather than erasing autobiographical content.

Therapeutic hypothesis (how it changes biology)

By dampening threat-weighted recall signals and reducing affective amplification during memory reactivation, nepenthe decreases grief intensity and interrupts rumination loops, thereby restoring the ability to engage, converse, and make plans in the near term.

Patient-fit (who it is / is not for)

Best for short-term, high-distress states where emotional overload impairs functioning. Not intended for routine sadness, for avoidance-driven use, or where preserving full emotional processing is clinically necessary.

Proof plan (what "success" looks like)

Early evidence would prioritize rapid onset, reduced intrusive recall/rumination, improved sleep and social engagement, and maintained cognition, plus durability beyond the dosing window to suggest reconsolidation effects.

Differentiation thesis (why it could win)

Distinct from sedation or amnesia, nepenthe aims for relief from emotional intrusion without cognitive dulling, enabling meaningful conversation and social cohesion even in the presence of grief triggers.

Risk thesis (what could fail)

Over-blunting could reduce adaptive emotional learning, enable maladaptive avoidance, or create dependency on relief. Ethical and societal concerns arise if used to sanitize experience rather than heal.

Value thesis (why stakeholders care)

If it safely restores function during acute emotional crises, nepenthe could reduce downstream morbidity, improve adherence to care plans, and support reintegration while requiring strong governance (such as being Drug Enforcement Administration (DEA) Scheduled and having a Risk Evaluation and Mitigation Strategies [REMS] program) to prevent misuse. The scientific narrative pillars above can now be translated, with the help of VOI analysis, into prioritized and time-bound functional goals.

What We Do at Panacea

Outcomes we help deliver

Our unique blend of analytical capacities and creative sculpting yields a coherent narrative backbone that enables confident decision-making. This narrative sets the stage for functional alignment across publications, field, HEOR/RWE, and the brand interface while yielding stronger governance defensibility (clear evidence constraints; reduced interpretive drift). The result is reduced redundancy and rework, with faster planning cycles and enablement of agile responses to a changing market.

Where scientific narrative engagements start (safe, low-friction entry points)

We offer several options for beginning a discussion around scientific narrative. A short, structured scientific narrative diagnostic can help find your current position on the strategic map. A deeper evidence-to-decision alignment review informs not only your position but the direction and predictions of your current scientific narrative. For intensive discussions and re-alignment, a planning reset workshop (publications, field, HEOR/RWE alignment-governed, non-promotional) is also available.

Who typically sponsors Scientific Narrative Workshops

Medical Affairs' decision-making can be shared across individuals and functions. The advantages conferred by a structured and coherent scientific narrative accrue to all. This includes Medical Strategy, Asset Medical Lead, therapeutic area Medical Director, Medical Excellence, and cross-functional leadership preparing for launch.

Conclusions

If you recognize one or more of activity-first organization characteristics above, consider the guidance from your own group's scientific narrative. If you cannot point to a narrative, or if the narrative is inconsistent or fractured, that could be the source of these misaligned activities. Such conditions drain the energy and motivation from leaders and contributors, but these can be restored by resetting strategy and tactics in line with an exciting, energizing, and evidence-backed narrative.

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