POV

The Rise of the Sequencing Strategist

Why Oncology Marketers Must Think Beyond the Brand

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We've spent decades teaching oncology marketers how to position a therapy. But have we spent enough time teaching them how to understand the sequence? It's a question worth asking as oncology enters one of the most complex chapters in its history. New therapies. New combinations. New biomarkers. Treatments moving rapidly into earlier lines of therapy. And increasingly difficult questions about what should come next for the patient.

Yet much of oncology marketing continues to organize itself around a familiar ambition: establishing a brand's place within a specific line of therapy.

That remains essential. But it's no longer enough.

Increasingly, one of the greatest threats to a brand's market position may not come from a direct competitor in the same line of therapy. It may come from a treatment decision made months or even years earlier.

As commercial leaders, we must recognize an emerging reality:

a brand's future opportunity is shaped not only by where it competes today, but by how the entire treatment journey is evolving.

An Interconnected Landscape: Has Our Strategic Mindset Kept Pace?

Modern oncology is no longer a collection of distinct treatment islands. It is an increasingly interconnected web of therapeutic decisions. Options ranging from antibody-drug conjugates (ADCs) and bispecific antibodies to advanced immunotherapies and CAR-T regimens continue to expand. Many are 'moving left', from later-line settings into earlier stages of treatment, and moving there faster than ever.

A recent review in *The New England Journal of Medicine* illustrates this evolution in breast cancer, where an expanding range of therapeutic options has created increasingly complex questions about optimal treatment sequencing.[1]

A patient's treatment history, biomarkers, prior resistance mechanisms, and remaining options all help determine what comes next. A clinical decision made in first line does not exist in a vacuum. It may directly influence the options available in second line and beyond.

But even an identified molecular target doesn't guarantee a predictable treatment path. In a real-world analysis of acute myeloid leukemia (AML) and myelodysplastic syndromes (MDS), Russo and colleagues found that many patients with identified mutations did not transition to corresponding targeted therapies. The implication is that treatment journeys are shaped not only by the science and available options, but also by how those options are adopted in everyday clinical practice.[2]

These clinical decisions and real-world treatment patterns have implications that extend well beyond the clinic. They influence future patient populations, competitive dynamics, market forecasts, and ultimately the commercial opportunity for individual brands.

If treatment pathways are this interconnected—and sometimes unpredictable—shouldn't our commercial strategies reflect that reality?

The Limitations of Traditional Brand-Centric Thinking

Oncology brand planning has traditionally focused on familiar questions: How do we differentiate from our competitors? How do we win share within our approved indication? How do we communicate our clinical data most effectively?

These remain essential questions. And sophisticated oncology marketers have long recognized the importance of patient journeys and evolving treatment algorithms.

But today's therapeutic complexity demands that we take this thinking further.

Consider the questions commercial teams increasingly need to answer:

- Which prior treatments are shaping the patient population arriving at our brand?
- How do upstream clinical decisions affect downstream eligibility?
- What happens to our forecast when a competitor moves into an earlier line?
- Are we studying how physicians make sequencing decisions over time, or only documenting what they prescribe today?
- How might the next breakthrough reshape the market for which we're planning today?

These are not simply clinical questions. They are commercial questions with significant implications for research, forecasting, positioning, and launch planning.

In a dynamic oncology market, your brand does not exist in isolation. Why should your brand strategy?

Introducing the Sequencing Strategist

It's time for a shift in how we approach commercial oncology planning. Not necessarily a new organizational title, but a more intentional strategic capability.

I'm calling it the **Sequencing Strategist**.

A Sequencing Strategist looks beyond the individual brand to understand the broader therapeutic landscape in which that brand competes. This means anticipating how prior treatment exposure shapes future patient populations, how emerging therapies may redirect treatment pathways, and how those changes influence commercial opportunity.

To be clear, being a Sequencing Strategist is not about making clinical decisions. Those belong to healthcare professionals and their patients. Nor does this role replace medical affairs, competitive intelligence, or traditional brand planning.

Instead, it connects insights from medical affairs, competitive intelligence, market research, forecasting, and brand planning, while preserving each function's distinct responsibilities. The result is a more forward-looking commercial strategy.

The Sequencing Strategist doesn't stop at asking, *"Where does my brand fit?"*

They ask,

> **How will the entire treatment journey shape where my brand fits—today and tomorrow?**

What Sequencing Strategists Do Differently

Consider a manufacturer preparing to launch a second-line oncology therapy.

Its market research, segmentation, forecast, and positioning all assume that patients will progress from the current first-line standard of care.

Then a new first-line combination demonstrates compelling results and begins changing treatment patterns.

Suddenly, the assumptions underlying that launch may no longer hold.

The number of patients reaching second line may change. Their prior exposure, resistance patterns, and remaining therapeutic options may look very different.

The product hasn't changed.

But the market it was built for has.

A traditional brand manager assesses the new competitor and its impact.

A Sequencing Strategist goes further, asking whether the development fundamentally changes the future patient population, forecast, positioning, and evidence priorities. And so, sequencing becomes more than another market variable to monitor. It becomes an organizing principle for anticipating change.

Three strategic shifts illustrate this mindset:

01	TRADITIONAL BRAND MANAGER **Focuses on the individual product**
	SEQUENCING STRATEGIST **Understands how the entire treatment journey shapes patient segmentation and positioning**
02	TRADITIONAL BRAND MANAGER **Reacts to today's competitors**
	SEQUENCING STRATEGIST **Anticipates how upstream innovations may reshape future patient flows and forecasts**
03	TRADITIONAL BRAND MANAGER **Defends an established brand position**
	SEQUENCING STRATEGIST **Builds commercial scenarios for evolving treatment pathways and market opportunities**

The opportunity is to make these capabilities more deliberate, integrated, and central to brand planning.

Why This Matters Now

This shift is not theoretical. Scientific innovation is creating sequencing challenges that, in some cases, are advancing faster than the comparative evidence needed to resolve them. Three examples illustrate why this matters.

- Solid Tumors: ADCs in Breast Cancer

  In breast cancer, ADCs are reshaping treatment pathways as new agents and indications expand therapeutic choices.

  A 2025 review in BBA Reviews on Cancer highlighted unanswered questions about optimal ADC sequencing, including the influence of targets, payloads, and resistance mechanisms.[3] A September 2026 review in Frontiers in Oncology examined the emerging "ADC-after-ADC" paradigm and the limited comparative evidence available to guide treatment decisions.[4]

  For marketers, the implications extend beyond the immediate competitive set. A brand's future opportunity may depend on which ADCs patients previously received, how their disease responded, and what treatments remain appropriate. That influences market segmentation, forecasting, competitive intelligence, and evidence planning.

  The strategic question is no longer simply how our ADC competes today. It's how the expanding use of ADCs throughout the treatment journey may redefine our opportunity tomorrow.

- Hematology: Antigen and Pathway Sequencing in Multiple Myeloma

  In multiple myeloma, the sequencing challenge has moved beyond drug classes to include biological targets. BCMA-directed CAR-T therapies and bispecific antibodies have transformed the landscape, while GPRC5D-targeted therapies and emerging classes such as CELMoDs introduce additional considerations.

  Following BCMA-directed treatment, clinicians must evaluate options based on prior exposure, response, resistance, patient characteristics, and available evidence. [5]For marketers, this raises an important question: How will earlier use of a particular target affect the patients eventually reaching our brand? A therapy may retain its approved indication while the characteristics of its future market change significantly.

  Understanding prior target exposure is becoming just as important to commercial planning as understanding prior lines of therapy.

- Diagnostics: How ctDNA and MRD Could Redefine Timelines

  Therapeutic innovations are not the only developments influencing sequencing.

  Circulating tumor DNA (ctDNA) testing in solid tumors and measurable residual disease (MRD) assessment in hematologic malignancies are

expanding our ability to detect molecular disease and monitor treatment response.

Although the clinical utility of acting on these findings varies by disease and setting, their continued development could influence when treatment decisions occur.[6]. For commercial leaders, this introduces another strategic dimension. How might earlier detection change patient identification, treatment eligibility, or the timing of therapeutic intervention?

As diagnostics evolve, the Sequencing Strategist must understand not only how therapies move through the patient journey, but how the decision points along that journey may change.

A Challenge to the Next Generation of Oncology Leaders

The clinical and commercial complexity of oncology demands a higher standard of strategic leadership.

Exceptional marketing can no longer be defined solely by how well we execute the traditional brand playbook. It must also be defined by our ability to anticipate how scientific developments and changing treatment patterns will shape tomorrow's commercial realities.

To assess your organization's readiness, consider asking:

- Do we understand the prior therapies, biomarkers, and resistance considerations shaping the patients reaching our brand?
- Can we anticipate how an earlier-line breakthrough might affect our market size, positioning, and forecast?
- Are we studying how physicians approach treatment sequencing, or primarily what they prescribe today?
- Does our competitive intelligence extend beyond direct competitors to upstream innovations?
- Are we building strategies for today's market, or the market that may emerge tomorrow?

These questions should not be reserved for an occasional strategic planning exercise. They deserve a central place in how oncology organizations challenge assumptions and prepare for change.

Oncology will only continue to accelerate. More targeted modalities. More complex combinations. More granular biomarkers. And more treatment options competing for a place in increasingly interconnected patient journeys. Navigating this complexity is already a daily reality for clinicians and patients. It must become a strategic priority for commercial leaders as well.

The next generation of oncology marketing will require more than a deep understanding of the brand. It will require an equally deep understanding of the treatment decisions that bring patients to it—and those that follow.

The question for oncology leaders is no longer simply whether they understand their brand's place in the treatment algorithm. It's whether their commercial strategies are prepared for what happens when that algorithm changes.

That's the difference between managing a brand and thinking like a Sequencing Strategist.

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