

### Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/maps-chats/medical-affairs-msl-ai-strategy-impact/56814/>

### ReachMD

www.reachmd.com  
info@reachmd.com  
(866) 423-7849

---

Inside Medical Affairs: MSL Insights on AI, Strategy, and Impact

#### Dr. Birnholz:

Coming to you from the Medical Affairs Professional Society's Annual Meeting in Denver, Colorado, this is ReachMD *MAPSChats*. I'm Dr. Matt Birnholz. Today I'm joined by Dr. Brandon Young. He's a senior MSL for CSL Seqirus. Just for our audience's sake, I want to create a disclaimer that views expressed in this program are Dr. Young's alone, and they do not represent CSL Seqirus.

So with that in mind, Brandon, welcome to you.

#### Dr. Young:

Thanks for having me. I'm excited to be here. MAPS is always a lot of fun.

#### Dr. Birnholz:

Yeah, I'm definitely looking forward to talking with you. But just to set the stage here, I'm interested in your background. You earned a PhD before moving into your MSL work, and I'd love to find out what that background was about, and what led you into the area that you're really passionate about.

#### Dr. Young:

Yeah, as you mentioned, my background is all in basic science. My PhD was in biochemistry and molecular biology at the Medical University of South Carolina. I focused on drug design for antimicrobial resistant bugs and then did my postdoc at Emory University focusing on vaccine design for Ebola. So it's really hardcore basic science.

And one thing that you always learn when you're doing the basic science is, what is the translational aspect of this? How do you go from creating a drug at the very molecular basis to actually getting it to patients? And so I found out about the MSL position pretty early in my graduate school career, kept it in mind continuously throughout, and have enjoyed being able to bring a different perspective to medical affairs.

#### Dr. Birnholz:

Yeah, absolutely. And not to be flippant here, but when I hear a background in studying vaccine design for Ebola, I'm thinking—loose analogy—it's hardcore microbiology at that point. You're not going in light; the stakes are pretty high with Ebola.

#### Dr. Young:

Yeah, absolutely. I will say it was a lot of fun to be able to do the research. My research really focused more on the structural biology basis of it. So there was heavy microbiology, but there was a lot of x-ray crystallography and nuclear magnetic resonance—those structural aspects that we applied for drug creation. And so you're doing a lot of modeling and physics, and really trying to understand where things fit on the molecular scale.

#### Dr. Birnholz:

Yeah, that makes sense. I could geek out with you on that for hours, but I'm going to spare you. We're at this conference devoted to medical affairs, a unique area. I'm interested in your take on a meeting like this, what it represents, the types of people that you're interfacing with and collaborating with, and how that potentially touches upon your day-to-day, how you see things, and how you're interacting with others out there distilling important medical information.

#### Dr. Young:

Yeah. I think you're totally right. I think this is a very unique opportunity for those of us in medical affairs to come together and share a lot of best practices, resources, new tools—all of the above. And I think what we really aim to do here is not only make the connections,

but also learn. And so it's being able to go to these sessions, work in the workshops, and really figure out what aspects of your skill base you need to grow. And of course, we're all trying to learn.

For instance, I just came from a session that was focused on market access reimbursement. That's something that I'm not super familiar with. But being able to go in a very collaborative environment, understand what some of the differences really are between market access and medical affairs, and then also understand how they can work together, I think, is a perfect example of what MAPS is really trying to do.

And then on top of that, you get to see people you have consistently seen. I've been in medical affairs for almost five years now and have been attending MAPS for three of those years. There's colleagues I see every year now at MAPS, and it's always fun to be able to connect, tell the stories of how the last year has gone, and then also really understand how you're progressing throughout medical affairs.

**Dr. Birnholz:**

Yeah, there's so much emphasis in medical affairs on communication and how to communicate the most important fact-checked information to the people who need it most. It intrigues me as I interface with people here; that sense of communication first seems highly entrenched. Everybody seems to be carrying that ethos—even a pathos—around communicating well, and so the networking seems remarkable. The collaborations seem very intuitive to me, where people are coming off of these sessions and instantly starting to think about ways in which they can apply them. And to your credit, you went to a session specifically in an area you didn't really know all that much about. I'd love to get your take on what type of collaborations you've seen coming out of it, areas that surprised you, or zones where you thought, "I had a certain take on it, and I came away from with a different take."

**Dr. Young:**

Yeah. I think I'll start by saying I totally agree. I think communication is one of the biggest things in medical affairs that has the largest impact for us throughout. And it's not only communication with each other, of course; it's communication with our external-facing KOLs and our internal collaborators, and it's also just the communication in the forms of how we get the data across. And so that's data analysis, and trying to understand how you can organize things in a way that makes sense to everybody you're speaking to, whether it's internal or external.

But then getting to your second point about trying to find things that you can learn or focus on or things that you weren't familiar with before, I'll just give you a couple examples where that communication came in handy. I had the chance to meet an individual who worked solely in publications. And we had a large conversation about, what is the end-all, be-all nowadays in publication? Is it publishing first? Is it impact factor? Is it getting a lot of data that you're able to put into one, two, or three papers? What is it? And what we've discussed and what I learned is that it really depends on the specific targets that you have for that specific publication, and so it's not just an overall view of the company saying, "We want total impact factor." It's really just, what's the value of the paper going to bring? And who are we really targeting with this specific paper? Is it going to be educating academics? Is it going to be educating those individuals who make eventual recommendations? Is it going to be educating a lot of the payers? Is it going to be informing individuals who are doing some of the basic science like me? So there's all these different buckets that you can fall into, and I thought that was really interesting because not having as much of a view into publications, you always just think, "Hey, here's the data. Let's put it out, and there you go."

**Dr. Birnholz:**

Yeah, absolutely. One of the areas that, of course, you can't look anywhere without seeing because it's completely entrenched in all the subject areas, and rightfully so—it's just become the most talked about subject in the entire planet—is AI, and I'm interested in your take on it, more as a snapshot, because it's not the first year in which AI has emerged as an important subject that's penetrating all aspects of medical affairs, but it is certainly very much on everybody's mind. And I'm interested in, from your vantage point on things in medical affairs, where does AI sit for you? There's opportunities and threats, and sometimes it's a mix of the two. I'm just interested in your take.

**Dr. Young:**

Yeah, you described it well. I think there's pros and cons. I think everybody has seen that with AI. We know that AI has been integrated into a lot of medical affairs activities in terms of insight tracking, pre-congress planning, and all of the above. But I think now, what AI is really trying to do is get down to that next level, so tasks that are a little bit harder—for instance, a literature review, or being able to go in and summarize a specific paper. And I know AI is working hard for that. There are limitations in terms of the use of it in that particular scope, but I think there's progress being made.

And so I think it's important for all of us in medical affairs to be aware of AI, to at least be comfortable with using AI, but then also understand that there are places where the AI can provide some information that's maybe not as accurate as just doing a literature search on your own and being able to quantify the data, in a sense, in comparison to papers of the past or eventual papers that you

want to publish in the future. So I do think there's a lot of critical thinking that's still needed to help guide AI, but it's very clear that it's going to be a part of our entire process throughout.

**Dr. Birnholz:**

And the guardrails or perspectives that we have at this given moment around those pros and cons seem to be shifting.

**Dr. Young:**

Yeah, massively.

**Dr. Birnholz:**

It'll be interesting for us to touch base on that. Again, maybe come to the next MAPS. We will connect on this, and I'll say, "Where are we," for instance, with aspects of that type of function. You might say, "Oh, we're there." Or you might say, "It's even further validated that those risks are there and the stakes are too high to get something wrong. The citations have to be right." If there's an invention of that, "I've continued to see that type of issue." And then we get to even be stronger in that assertion. But it will be interesting to see if some of those things, as we say, by the hour, shift on us, and we'll be looking at it and saying, "That's pretty reliable now too."

**Dr. Young:**

It has to be kind of a longitudinal look at this, right? And we'll see how things continue to progress over time because the technology's always changing. I had very early exposure to LLMs in my structural biology research, so I understand the capabilities and the restrictions that can happen in some of these cases. And I think what we're all trying to understand is just, how can we be more efficient with our time? And if AI can help in that, then why would we not use it?

**Dr. Birnholz:**

Yeah, I think that's a great attitude. I'm going to let you go, but I do want to just throw out a general question: as you're looking onward, what's on the horizon for you? What's interesting you, and where do you see things going for yourself?

**Dr. Young:**

That's a great question. I think for me, the biggest thing is really continued exposure in medical affairs. Every time that I come to MAPS, I learn about a new role or a new aspect of medical affairs that I didn't know about before. And so for me it's really just that exposure coming from academic sciences. This was really a brand new world for me when I first got my MSL job, and since then, it's just been exponential growth from there. And so I think that exposure is really what I'm looking forward to the most— and really understanding medical affairs, how it fits into the company's overall objectives, and how important all aspects of medical affairs really can be. That's why I love coming to MAPS so much, and I'm looking forward to more meetings in the future.

**Dr. Birnholz:**

That's great. And likewise. I'm looking forward to connecting with you in the future. Thank you again, Brandon, for some really great perspectives. Love getting a standpoint of where you're at, and I'm looking forward to connecting again.

**Dr. Young:**

Awesome. Thanks for having me.

**Dr. Birnholz:**

This has been an episode of ReachMD *MAPSChats*. I'm Dr. Matt Birnholz. For more episodes in this series and others, please visit [ReachMD.com](https://ReachMD.com) where you can Be Part of the Knowledge. Thanks so much for listening!