

# E-1647-466

## Rare Disease Connect in Neurology (RDCN) 2024

Product	Category Entered
Rare Disease Connect in Neurology (RDCN) 2024	NEW: Multi-market: Health Effectiveness

We are looking forward to seeing your work in this year's competition. As you work on your submission, you may wish to download the **Entry Form template** which can be used as a guide when crafting your submission, allowing for easy collaboration with team members and partner companies. The template outlines the Written Entry Form, along with tips to consider when answering each question. Before submitting your entry, responses to each question must be copied into this entry portal.

## ELIGIBILITY.

This year's eligibility period runs from 1 January 2024 - 31 March 2025. Your effort must have run at some point during the eligibility period in Europe. Results must be isolated to Europe.

**Results that illustrate the effectiveness of the case can be collected outside of the eligibility period but must be tied directly to the marketing activity within the eligibility time frame.** Results directly tied to work are eligible throughout the entry season (no date cut-off).

Review full eligibility information at the **Effie Europe website**.

### **\*Sustained Success Entries:**

Entrants must include work and results from the **initial year**, at least one **interim year**, and the **current competition eligibility time period** (the current competition eligibility time period is 1 January 2024 and 31 March 2025. If presenting more than three years of success, provide results here for the full spectrum of years presented in the case and the creative examples. Data must be isolated to Europe. Work that ran after the cut-off period may not be submitted. Results that fall after the end of the eligibility period and are directly tied to the work submitted are fine to submit. Test efforts are not eligible.

## FORMATTING REQUIREMENTS & REASONS FOR DISQUALIFICATION

- Failing to adhere to the Effie Eligibility rules. Data presented must be isolated to Europe, and the Effie eligibility period is 01/01/24 - 31/03/25. Results that illustrate the effectiveness of the case can be collected outside of the eligibility period but must be tied directly to the marketing activity within the eligibility time frame. Results directly tied to work are eligible throughout the entry season (no date cut-off).
- Entry does not meet category definition requirements.
- Agency names/logos are published in the entry form or in the creative materials. Do not include any agency names in your sources – this includes agency names other than your own.
- Data not sourced.
- Including screen grabs or other images of your creative elements in your written entry form.
- Directing Judges to External Websites.
- Missing Translation.
- Violating Creative Example (Reel, Images) Rules.

## TOP TIPS

We are in the business of marketing. Your entry should be written with your audience, Effie judges, in mind. Judges are your industry peers. Address questions they may have within your responses. Entrants are encouraged to ask colleagues who don't work on the brand to review the entry. Limit industry jargon and define all industry terms.

# RESOURCES

Review the key resources before starting your entry:

- **ENTRY KIT**
- **EFFECTIVE ENTRY GUIDE**
- **EFFIE EFFECTIVENESS EXPLAINED**
- **CASE STUDIES**
- **MORE RESOURCES**

## HEALTH EFFECTIVENESS CATEGORY DEFINITION

The Health Effectiveness category celebrates marketing efforts proven effective in making a positive impact on health outcomes at an individual and societal level.

Winners of this award will be recognized for innovative marketing strategies, technologies or creative approaches that bring about change to improve patients' lives.

Audiences can include, but are not limited to, patients, professionals, caregivers, advocacy groups.

Examples include improving patient understanding, engagement and treatment adherence or perhaps a change in healthcare professional behaviour or clinical practice.

Demonstration of significant collaboration with key healthcare stakeholders is important, as is the potential for long-term impact and scalability across regions or populations.

Entries must demonstrate clear results associated with improvements in health outcomes and be underpinned by data that provides a robust-evidence base.

# ENTRY DETAILS

## Brand Name

Please list the specific brand / asset name here (not the parent company name).

Neuroinflammation & rare disease franchise

This information is publicly available.

## Brand Description

*Provide a brief (1-5 words) description of the type of product/service entered. Do not include the brand name. Examples: Airline; Cosmetic, Credit Card; Streaming Service.*

Health

## Dates Effort Ran (Total)

List the start/end dates of the effort, even if it goes beyond the Effie eligibility period.

Date From

2021-11-08

Date To

Efforts that are ongoing should leave the end date blank in the Entry Portal.

## Dates presented in this case

List the start/end dates for the effort, as it pertains to the data presented in this case.

Date From	2024-11-14
Date To	2024-11-15

## Regional Classification

Select all that apply.

Please note that if your effort is Multinational, your entry must be isolated to adhere to the eligibility parameters for your Effie program.

Multinational

## Countries Presented in This Case

Please select only the countries presented in this case.

United Kingdom

Netherlands

Austria

Belgium

Bulgaria

Czechia

Denmark

Finland

France

Germany

Greece

Hungary

Ireland

Italy

Poland

Romania

Slovakia

Spain

Please indicate all countries where this work ran.

Netherlands

Austria

Belgium

Bulgaria

Czechia

Denmark

Finland

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France

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Germany

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Greece

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Hungary

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Ireland

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Italy

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Norway

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Poland

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Romania

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Slovakia

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Spain

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United Kingdom

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## Industry Sector

Classify your brand/product by one of the available industry sectors, or choose Other.

Pharmaceuticals

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## Industry/Category Situation

Select one.

Growing

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## MARKET / LOCAL NUANCE BACKGROUND

Please explain any relevant cultural or local trends, unique to your market(s), that generally shape the marketing environment and/or influence audience response to marketing efforts.

(For example, if the government controls all the major media outlets, this may mean that the audience regards products/services they see advertised in this media as having some form of government approval.) Be sure to explain why these factors are relevant. You can also use this space to address the competitive landscape in your market(s). This general background will help the judges better understand and evaluate the more specific story you tell in the remainder of your entry.

This question should be crafted with the judges in mind. While judges are European marketers, they may not be familiar with the unique nuances within the market(s) in which your case ran. Provide them with any context that will help them better

The pharmaceutical industry is highly regulated, with many marketing and communications restrictions.

Product marketing and communications:

- is not permitted when communicating direct with patients / consumers
- is highly regulated when communicating with health professionals
- has variations in regulations across markets and regions.

All communication activity needs to align with a Code of Practice to ensure compliance with regulations and should be supported by a strong evidence base.

## EXECUTIVE SUMMARY

GIVE THE JUDGES AN UNDERSTANDING OF THE CASE THEY ARE ABOUT TO READ BY PROVIDING A SUMMARY FOR EACH OF THE ITEMS BELOW. A ONE-SENTENCE SUMMARY IS RECOMMENDED FOR EACH LINE.

### The Challenge:

*What critical health issue or barrier was your campaign addressing?*

Improve suboptimal patient management in MG by tackling the absence of health professional networks and insufficient high-quality education.

### The Insight:

*What patient, stakeholder and/or system insight led to your strategy?*

Our strategy recognised first, that MG education was poor and second, specialists lacked accessible opportunities for peer-to-peer experience and learning.

### The Strategic Idea/Build:

*How did you turn the insight into a strategic idea to impact health outcomes and benefit your client?*

We created RDCN, a multi-market, expert-led platform fostering peer-driven, needs-based learning to connect specialists and ultimately, elevate MG patient care.

### Bringing the Strategy & Idea to Life:

*How was your idea brought to key audience/stakeholders such as patients, professionals, caregivers?*

We engaged stakeholders through RDCN's annual meeting and ongoing, case-based, multidisciplinary learning, fostering peer exchange and foregrounding patient needs.

### The Results:

*How did your campaign make a positive impact on health outcomes?*

RDCN 2024 drove 48% of participants to commit to practice change; achieved exceptional engagement, fostering peer collaboration and knowledge translation.

## Why is this entry an outstanding example of health effectiveness in this Effie entry category, driving measurable impact on health outcomes?

Summarise your case by focusing on how your results related directly back to your challenge and objectives. When entering multiple categories, it is important to customise your response for each category. If judges have questions about your eligibility in this category, they will refer to this response.

(Maximum: 150 words)

RDCN is an outstanding example of health effectiveness because it directly addressed critical gaps in MG health professional education that led to suboptimal patient management: lack of evidence-informed, needs-based learning design and cross-market peer collaboration. Our challenge was to elevate evidence-based practice in a rare, complex disease with a dispersed expert community and limited accessible treatment innovation.

Through a multi-market, expert-led, peer-driven platform, we delivered world-class, needs-based multidisciplinary education rooted in adult learning principles. This approach achieved measurable impact: 48% of participants committed to changing clinical practice within 12 months (a leading indicator with evidence that physicians committed to intended changes are more likely to make actual changes). Engagement and perceived value exceeded targets, with an HCP Impact Score of 9/10, NPS of 78 (world-class), and outstanding scores for knowledge gain and intent to apply learning.

By fostering an enduring global network, RDCN not only met but exceeded strategic objectives.

# SECTION 1: CHALLENGE, CONTEXT & OBJECTIVES - 23.3% OF TOTAL SCORE

This section covers your strategic business context for your marketing activity, alongside your key business challenge and objectives.

Please provide the necessary context on your industry category, competitors, and brand/asset so the judges, including those unfamiliar with your brand/category, can evaluate your entry. Outline why your business challenge was the right opportunity to grow and the degree of ambition represented by your objectives.

1A. Before your effort began, what was the state of the brand's business and the overall category in which it competes? What was the strategic health challenge that stemmed from this business situation? Provide context on the degree of difficulty of this challenge, including the supporting evidence-base.

UCB is a global biopharmaceutical company, headquartered in Belgium, that focuses on creating valuable solutions that improve the lives of people living with neurological and autoimmune conditions.

UCB recently entered the myasthenia gravis (MG) space. MG is a rare chronic neuromuscular condition that causes extreme muscle weakness and fatigue. It has a detrimental impact on the daily lives of people living with the condition, as well as their friends, family members and caregivers.

Patients living with MG liken themselves to 'snowflakes' as the condition manifests differently for each person. A highly heterogenous disease, management is often suboptimal, impacting patient outcomes.

The rarity of patients is mirrored by a scarcity of health professionals who are expert in this field and scant new, accessible treatments over the past 60 years. Expert health professionals are widely dispersed across different countries, limiting peer exchange of knowledge and best practice. The educational needs of these professionals have historically been underserved by industry and professional societies alike. Furthermore, UCB was not the only new entrant to the space: the MG clinical landscape was rapidly evolving and increasing in complexity.

The culminative impact of the rare nature of MG, the lack of a connected expert community, and substandard outcomes-based education, coupled with a rapidly evolving and increasingly complex clinical landscape, makes it challenging for health professionals to keep up-to-date and informed of latest advances and ensure alignment with optimal clinical practice to benefit people living with MG.

Our ambition was to bring the expert community together across markets to address their education needs to support patients with MG in achieving optimal outcomes.

1B. WHAT WERE THE BUSINESS, MARKETING AND CAMPAIGN/ACTIVITY OBJECTIVES THAT YOU SET TO ADDRESS YOUR CHALLENGE? WHAT WERE THE KEY PERFORMANCE INDICATORS (KPIs) SET AGAINST EACH OBJECTIVE? PROVIDE SPECIFIC NUMBERS/PERCENTAGES FOR EACH AND BENCHMARKS WHEREVER POSSIBLE.

## RESPONSE FORMAT

List each objective individually. We have allowed for one key business objective (required) and up to 3 Marketing (Customer) and Activity (Comms.) objectives (1 required, 3 maximum for both types). If you had fewer marketing and activity objectives, that is fine, please leave the fields blank. For each objective, provide brief context for why you chose it, state the KPIs and benchmarks.

Required objectives must include health outcomes objectives and relevant measures of success; for example:

- Business Objective e.g. improve adherence rates
- Marketing Objective e.g. increase patient awareness/engagement

- Activity Objective e.g. health professional education, caregiver activation.

## Business Objective

Objective #1 should be your primary campaign objective, then you may list up to three supporting objectives.

For each objective, you may include up to three charts/graphs.

### Reference 1

#### Objective - Overview & KPI

State your objective here.

(Max: 30 words)

Increase compliance with evidence-based practice to support optimal outcomes for patients living with MG.

Assessed by commitment to change (CTC) tool.

#### Rationale - Why the objective was selected and what is the benchmark?

(Max: 75 words, 3 charts/graphs)

Measuring educational outcomes is a widely acknowledged challenge. CTC is one tool used, due to ease of administration and evidence that physicians who commit to intended changes are more likely to make actual changes in practice (Wakefield et al. 2003).<sup>1</sup>

CTC is considered one of the most useful tools to gauge leading indicators of likely change in practice, in absence of objective data.

**Target:** >50% participants, who complete evaluation form, identify 1 CTC

#### Measurement - How did you plan to measure it?

(Maximum: 30 words)

Evaluation survey administered end of the meeting: HCPs were asked what one change in practice they would commit to make in the next 12 months, as a result of participation.

#### Tagging - What keywords best describe your objective type?

(1 Required. No Maximum)

Intention to change practice

## Marketing Objectives

1

#### Objective - Overview & KPI

State your objective here.

(Max: 30 words)

To provide high-quality, needs-driven medical education to the MG HCP community, to support optimal outcomes for people living with MG.

Assessed by the HCP Impact Score.

#### Rationale – Why the objective was selected & what is the benchmark?

(Max: 75 words, 3 charts/graphs)

Critique of the MG/neurology educational landscape revealed a dearth of high-quality provision. In the absence of a standardised approach for measuring industry-led medical education's impact, the Medical Affairs Professional Society recommends assessing an HCP Impact Score. This combines NPS and Net Engagement Score.

An HCP Impact Score of  $\geq 7$  demonstrates the education was valuable;  $< 7$  indicates the learning strategy should be reviewed, ensuring continuous improvement in medical education.

**Target:**  $\geq 7$  HCP impact score

### Measurement - How did you plan to measure it?

(Maximum: 30 words)

Evaluation survey administered end of the meeting: HCPs were asked score four statements on response scale of 0 to 10

### Tagging - What keywords best describe your objective type?

- You may have more than one objective of the same type.
- Unsure which objective type to select? View guidance here.

Value of education

2

### Objective - Overview & KPI

State your objective here.

(Max: 30 words)

To foster a network of HCPs who continue involvement with each other and/or faculty (creating network of neuromuscular experts), as assessed by self report.

### Rationale – Why the objective was selected & what is the benchmark?

(Max: 75 words, 3 charts/graphs)

MG experts, when faced with a specific challenge during patient care, consider peer discussions a valuable source of education, over other sources such as journals. Yet global networks and fora for learning collaboration were minimal.

Cultivating a community and supporting HCPs to foster networks was a prospectively defined KPI intended to enable the team to track the extent to which HCPs were connecting and networking.

**Target:**  $\geq 7/10$  (average scores)

### Measurement - How did you plan to measure it?

(Maximum: 30 words)

Evaluation survey administered end of the meeting: HCPs scored two statements from 0 to 10:

- I had sufficient opportunities to connect ...
- I will continue to interact with my peers...

### Tagging - What keywords best describe your objective type?

- You may have more than one

objective of the same type.

- Unsure which objective type to select? View guidance here.

Intention to connect

3

### Objective - Overview & KPI

State your objective here. To support knowledge translation, as assessed by self-reported knowledge gain and intention to apply in practice

(Max: 30 words)

### Rationale – Why the objective was selected & what is the benchmark?

(Max: 75 words, 3 charts/graphs) Critique of the MG educational landscape revealed minimal education that assessed outcomes beyond attendance. This, coupled with a rapidly evolving and increasingly complex clinical landscape, indicated that knowledge gain and intention to apply knowledge are key indicators of success.

**Target:**  $\geq 7/10$  (average scores)

### Measurement - How did you plan to measure it?

(Maximum: 30 words) Evaluation survey administered end of the meeting: HCPs scored two statements from 0 to 10:

- The [education] improved my knowledge
- I will apply the knowledge to my practice

### Tagging - What keywords best describe your objective type?

- You may have more than one objective of the same type.
- Unsure which objective type to select? View guidance here.

Intention to apply knowledge

## Activity Objectives

1

### Objective - Overview & KPI

State your objective here. Participants highly rate and recommend RDCN as evidenced by NPS  $\geq 50$ , indicating excellence.

(Max: 30 words)

### Rationale – Why the objective was selected & what is the benchmark?

(Max: 75 words, 3 charts/graphs) NPS is used in medical education to gauge the extent to which HCPs would recommend the learning experience to peers. A “good” NPS is anything above 0;  $>50$  is ‘excellent’ and above 75 ‘world-class’. (This target metric was specified as an outcome KPI in the original 2021 Logic model.)

**Target:**  $\geq 50$  NPS (excellence)

### Measurement - How did you plan to measure it?

(Maximum: 30 words) Evaluation survey administered end of the meeting: HCPs were asked score the statement “I would recommend this meeting to my peers” on scale of 0 to

### Tagging - What keywords best describe your objective type?

- You may have more than one objective of the same type.
- Unsure which objective type to select? View guidance here.

Advocacy / Recommendation

2

### Objective - Overview & KPI

State your objective here.

(Max: 30 words)

To ensure continued commitment to the community as evidenced by regular attendance at future RDCN annual event, assessed by self report.

### Rationale – Why the objective was selected & what is the benchmark?

(Max: 75 words, 3 charts/graphs)

This target metric of 'regular attendance' was defined to assess the extent to which RDCN was achieving its aim of offering high-value, relevant medical education to the HCP community. Target metric was specified as a KPI in the original 2021 Logic model: 50% regularly attend RDCN as it is a prestigious annual event in their calendar

**Target in 2024:** >75% respond 'yes' to the statement, 'Based on RDCN 2024, I will come back next year'.

### Measurement - How did you plan to measure it?

(Maximum: 30 words)

Evaluation survey administered end of the meeting: HCP participants were asked whether they would come back next year, based on their experience in 2024 (response=yes/no)

### Tagging - What keywords best describe your objective type?

- You may have more than one objective of the same type.
- Unsure which objective type to select? View guidance here.

Advocacy / Recommendation

## Section 1: Sourcing

You must provide a source for all data and facts presented anywhere in the entry form. The below field may only be used to list sources of data provided in your responses above, do not include any other information.

**Recommended Format:** Use footnotes in your responses above and list each source numerically below. We recommend each source include the following information: Source of Data/Research, Type of

### References:

1.Wakefield J, Herbert CP, Maclure M, Dormuth C, Wright JM, Legare J, Brett-MacLean P, Premi J. Commitment to change statements can predict actual change in practice. J Contin Educ Health Prof. 2003 Spring;23(2):81-93.

Data/Research, Dates Covered.

Do not include agency names in your sources. [View detailed guidelines here.](#)

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## SECTION 2: INSIGHTS & STRATEGY - 23.3% OF TOTAL SCORE

This section covers the key building blocks of your strategy.

Explain to the judges why you chose the audience you did. Outline your key insight(s) and how they led to the strategic idea or build that addressed the business challenge the brand was facing.

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### 2A. Define the target audience(s)/stakeholder(s) you were trying to reach and explain why it was/they were relevant to the challenge. Could include, but not limited to, patients, caregivers, healthcare professionals, advocacy groups.

Describe your audience(s) /stakeholder(s) using demographics, culture, information-seeking behaviors, etc. What perceptions, motivations, attitudes or behaviors are you trying to affect to improve health outcomes?

*(Maximum: 300 words; 3 charts/visuals)*

Our primary target audience comprised neuromuscular specialists and neurologists across multiple European countries with a specific interest in Myasthenia Gravis (MG). This strategic focus is critical because these professionals represent the pinnacle of expertise in MG care, yet their knowledge and experience are often underserved and geographically dispersed.

Historically, the limited research in MG meant management was largely experienced-based rather than evidence-based. This, coupled with a scattered professional community, made it challenging for clinicians to consult with colleagues and access up-to-date information. Our initiative aimed to address this fragmentation.

These specialists are highly motivated to improve patient outcomes and actively seek high-quality, peer-validated information. Their information-seeking behaviours often involve colleague discussions and expert forums. We aimed to shift their current reliance on isolated experience by providing a dedicated, evidence-based platform for education and networking. By fostering this connected community, we sought to enhance their collective understanding and, ultimately, improve health outcomes for MG patients across Europe.

Secondary audiences comprised nurses, pharmacists and representatives from patient organisation groups – brought together to help share the learning experience, share their experiences with one another and with our primary audience of specialist health professionals.

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## 2B. Explain the thinking that led you to your insight(s). Clearly state your insight(s) here.

Clarify how the insight(s) were directly tied to your audience's/stakeholder's perceptions, motivations, attitudes or behaviors, your research and/or business' situation. How would this unique insight(s) lead to improved health outcomes and your client's success and how did it inform your strategic idea?

(Maximum: 300 words; 3 charts/visuals)

Our strategic approach, stemmed from two pivotal insights, derived from a deep dive into the educational landscape and the specific needs of neuromuscular specialists, that could help improve the management of patients with MG

**Insight 1: The existing educational landscape for MG specialists was fundamentally misaligned with effective adult learning principles and lacked needs-based assessment.** Our audit revealed a pervasive issue: educational offerings from professional associations and industry rarely began with rigorous assessment of HCPs' actual learning needs. Consequently, much education failed to incorporate proven instructional design or adult learning principles, resulting in minimal impact beyond participation. This insight directly tied to our client's business situation, as they sought impactful education driving meaningful change in clinical practice.

**Insight 2: MG experts highly value peer-to-peer discussion as a primary source of education, yet cross-market forums for such collaboration were critically lacking.** This emerged directly from our independent Learning Needs Assessment (LNA). The LNA, a rigorous qualitative study, revealed that when faced with complex patient care challenges, neuromuscular specialists and neurologists prioritised discussions with colleagues over other educational modalities like journals. This highlighted a key motivation and behaviour: a desire for practical, real-world knowledge translation. However, their perception was that accessible fora for this crucial peer interaction were minimal.

Educational provision was deemed of strategic importance for UCB, given the increasing complexity of emerging potential new treatments, in the context of the scant new accessible options for last six decades.

## 2C. What was the core idea or strategic build you arrived at using your insight(s) that enabled you to pivot from challenge to solution for your audience, with the potential to improve health outcomes?

(Maximum: 200 words)

### Rare Disease Connect in Neurology

By understanding traditional educational models fell short on making an impact on clinical practice and that peer collaboration was a powerful, yet underserved, motivator for our target audience, we recognised an opportunity. UCB could generate value by cultivating a MG community and delivering high-quality education.

Rare Disease Connect in Neurology – known as RDCN – was conceived to create a multi-market, expert-led dedicated platform for needs-based, outcomes-focused, peer-driven continuous learning.

Launched with an annual meeting and ongoing learning modules, this strategic pivot, rooted in the genuine motivations and behaviours of MG specialists, enabled us to design an educational programme and foster a network with the goal of elevating the standard of care for people living with MG.

By building a network that facilitated highly valued discussions, we aimed to bridge existing educational gaps, connect scattered centres of expertise, and ultimately elevate the standard of care for people living with MG. Offering consistently high-quality education was a compelling opportunity for UCB to differentiate in the face of an increasingly crowded landscape and garner a reputation for providing world-class medical education.

2024 marked the fourth annual RDCN meeting held in Amsterdam, supported by ongoing learning opportunities.

## Section 2: Sourcing

You must provide a source for all data and facts presented anywhere in the entry form. The below field may only be used to list sources of data provided in your responses above, do not include any other information.

N/A – no references or sources for this section

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**Recommended Format:** Use footnotes in your responses above and list each source numerically below. We recommend each source include the following information: Source of Data/Research, Type of Data/Research, Dates Covered. Do not include agency names in your sources. **View detailed guidelines here.**

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## SECTION 3: BRINGING THE STRATEGY & IDEA TO LIFE - 23.3% OF TOTAL SCORE

This section relates to how you built a compelling creative and channel plan i.e. how and where you brought your strategy to life. And how you tested for ongoing optimisation.

Help the judges evaluate your entry by demonstrating how you created work that targeted and motivated customers effectively. Outline how your creative and channels plans worked together to drive results.

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3A. Describe the key elements of your communications plan that activated your strategy. Outline any components that were active in the effort e.g. all integral communications, education programmes, advocacy partnerships, promotions, CRM program, customer experience, etc. that were a part of your effort.

(Maximum: 300 words; 3 charts/visuals)

RDCN 2024 was an evidence-based educational programme, coupling an annual meeting in Amsterdam providing 1.5 days of learning, with ongoing opportunities.

Core components:

### **1.NEEDS-DRIVEN, LONG-TERM LEARNING DESIGN**

#### **Six priority practice gaps translated into six learning outcomes.**

Leveraging a proven backward planning model – the Logic Model – a 10-year ambition, desired impact, outcomes, and output KPIs were defined in 2021. These six learning outcomes formed the core strategy since 2021. For RDCN 2024, five learning outcomes were the strategic focus. All sessions - **CPD accredited** - featured SMART learning objectives, meticulously laddering up to these overarching outcomes.

**International Steering Committee (SC):** This peer-driven body ensures the annual meeting agenda is relevant. The SC prioritised five of six learning outcomes for RDCN 2024. While focusing on neuromuscular experts and neurologists, RDCN 2024 welcomed multiple professions including nurses, pharmacists, and patient organisation representatives.

### **2.APPLYING EVIDENCE-INFORMED PRINCIPLES OF TEACHING AND LEARNING**

**Faculty Development:** Historically, little guidance has been given to HCPs about best practices for teaching. To guarantee high-quality facilitation, we offered faculty development sessions. These augmented teaching and facilitation capabilities, underscoring RDCN's commitment to best practice.

**Case-based learning bridging the knowledge-practice gap:** Despite known benefits of active learning, medical education predominantly uses lectures (1,2). RDCN 2024 pervasively applied active learning techniques. This approach reinforces content, promotes practice changes, and improves patient outcomes (3). Case-based learning using authentic clinical cases, links theory to practice. Cases from around the world were discussed by multidisciplinary experts creating engaging interprofessional small-group, peer-to-peer learning.

**Structured reflection and feedback:** Integral to our pedagogical approach was providing opportunities for structured reflection and feedback, prompting participants to internalise knowledge and reflect on how to apply in practice.

**Patients, pharmacists, nurses:** 2024 RDCN broadened the learning lens to ensure sessions included a multi-disciplinary perspective, placing patient needs at the centre.

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3B. Outline the key building blocks of the creative executions for your main marketing vehicles e.g., messaging, visuals, platforms, call-to-actions and format choices. If relevant, include any important changes that optimised the creative while the activity was running.

(Maximum: 300 words, 3 charts/visuals)

**Rare Disease Connect in Neurology (RDCN) brand**

The aspiration was for the RDCN brand to signal long-term commitment and best-in-class, outcome-focused medical education in MG.

A differentiating name and identity were created based on the critique of the MG and neurology educational landscape.

The word 'connect' conveys the need to connect disparate patients and experts from around the world.

A brand name that works on social media is afforded by the acronym 'RDCN'.

The visual identity was designed using shapes based on the positive and negative space within the UCB logo. The shapes are used together to create a beautifully complex representation of the brain. The patterns within, symbolise the unique rare diseases within the field of neurology, including MG. Confident motion design results in a fresh and memorable brand.

Now in its 5<sup>th</sup> year, the RDCN branding has been applied consistently across all media and formats to build familiarity and gain recognition. This includes branding of all 2024 initiatives and activities, including RDCN educational event, RDCN website, eLearning modules, social posts.

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3C. Outline the rationale behind your communications strategy, experience strategy and channel plan. Explain how the integral elements worked together to drive results and promote health behaviour change?

(Maximum: 400 words; 3 charts/visuals)

Our communications and experience strategy for RDCN 2024 was rooted in a singular rationale: to deliver evidence-based medical education of unparalleled excellence, mirroring the high-quality of the scientific content itself. This commitment ensured that every touchpoint, from initial invitation to post-event engagement, actively contributed to this goal.

**Pre-event: Precision engagement.** The cornerstone of our pre-event strategy was leveraging the client's field medical team (Medical Science Liaisons - MSLs). Their established relationships with key experts and opinion leaders within the neuromuscular community provided a highly credible and targeted channel for securing HCP participation. This personalised approach, supported by comprehensive internal communications to maximise regional engagement, has been instrumental in establishing RDCN as a highly credible and sought-after medical meeting, now necessitating a waiting list

**Social media campaigns:** Direct engagement was strategically supplemented by social media campaigns to broaden awareness and foster community engagement. Furthermore, a bespoke, registration-only website served as the central hub for the virtual meeting and enduring content.

**During the event: Trusted voice and professional compere.** The live event experience was designed to foster an environment conducive to deep learning. Central to this was the consistent presence of science broadcaster Vivienne Parry OBE. Since RDCN's inception in 2021, Vivienne has cultivated a professional yet relaxing tone, creating a psychologically safe space for learning where HCPs feel comfortable engaging, questioning, and reflecting. Her energising continuity across the 2024 meeting, and indeed year-on-year, has cemented her as an integral part of the RDCN brand experience, providing a familiar and trusted voice that enhances the credibility of RDCN as a powerful learning forum.

**Post event: enduring learning.** The RDCN website acted as the central hub for the annual event and also a platform for ongoing learning opportunities through learning modules.

**Summary of touchpoints/channels:** MSLs, social media, live event, dedicated learning platform/website.

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## Key Visual

You have the [option](#) to upload a single image to accompany your explanation in this section to show how you brought your strategy and idea to life. It may be an engagement or channel plan, a marketing mix visual, a flowchart, a calendar, a storyboard, etc.

You do not need to upload a copy of any of your creative images for judging here, as judges will view those on the creative examples tab.

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## Section 3: Sourcing

You must provide a source for all data and facts presented anywhere in the entry form. The below field may only be used to list sources of data provided in your responses above, do not include any other information.

**Recommended Format:** Use footnotes in your responses above and list each source numerically below. We recommend each source include the following information: Source of Data/Research, Type of Data/Research, Dates Covered. Do not include agency names in your sources. [View detailed guidelines here.](#)

### References:

1. Association of American Medical Colleges/Society of Academic Continuing Medical Education. Academic CME/CPD in the United States and Canada: Results of the 2018 AAMC-SACME Harrison Survey
  2. McMahon GT. Advancing Continuing Medical Education. JAMA. 2015 Aug 11;314(6):561-2.
  3. Cervero RM, Gaines JK. The impact of CME on physician performance and patient health outcomes: an updated synthesis of systematic reviews. J Contin Educ Health Prof. 2015 Spring;35(2):131-8.
- 

## SECTION 4: RESULTS - 30% OF TOTAL SCORE

This section relates to your results. Here you need to be able to demonstrate the impact your effort has had on your business/brand/cause objectives - attributable to the activity and its elements and taking into account other factors. You will need to provide a result corresponding to each objective listed in your response to question 1B.

How do you know it worked? Results must relate back to your specific audience, objectives, and KPIs and show how you achieved a measurable improvement in patient or population health. Explain, with category, competitor and/or prior year context, why these results are significant for the client's business.

---

## Results Overview

(Maximum: 400 words, 5 charts/visuals)

### **RDCN 2024: world-class education for elevating Myasthenia Gravis (MG) care**

The Rare Disease Connect in Neurology (RDCN) 2024 meeting delivered exceptional results, demonstrating a profound impact on its target audience of neuromuscular specialists and neurologists, and validating UCB's strategic investment in high-quality, peer-driven medical education. These outcomes are particularly significant given the historical challenges in MG education – a rare,

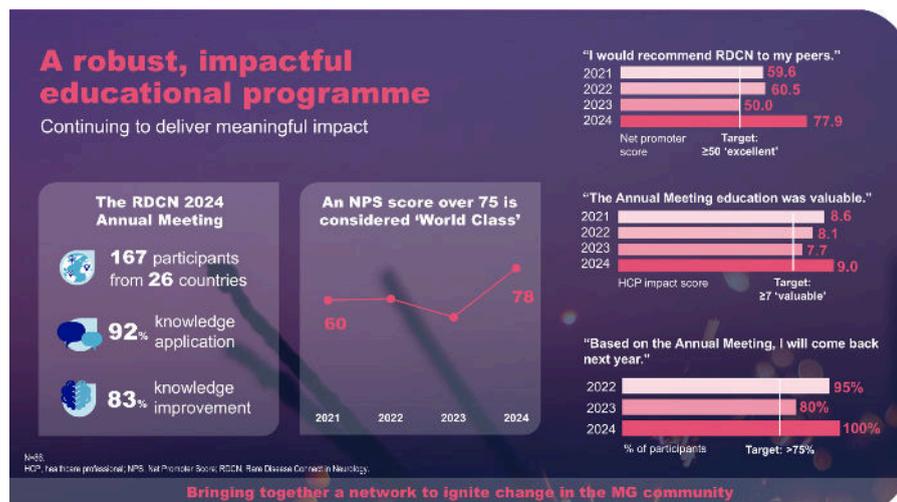
heterogeneous disease with a dispersed expert community and a scarcity of accessible treatments for decades.

Our primary **business objective** was to **increase compliance with evidence-based practice to support optimal outcomes for patients living with MG**, measured by commitment to change (CTC). **48% of participants committing to a change in their clinical practice** within 12 months, narrowly missing our ambitious >50% target. This result is highly encouraging, as research indicates a strong correlation between stated commitment and actual practice change, directly contributing to improved patient health outcomes.

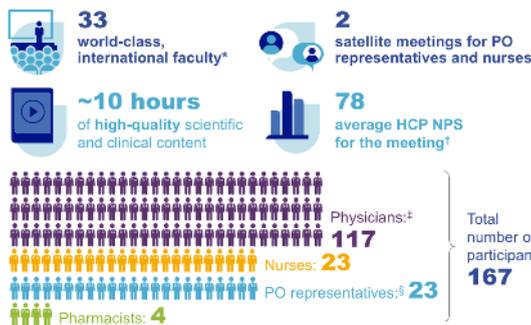
The **marketing objectives** further underscore RDCN's success. The **HCP Impact Score of 9** significantly exceeded our target of ≥7, indicating exceptional perceived value and a strong endorsement of the educational quality. This is a critical differentiator in an increasingly complex and crowded clinical landscape. Furthermore, the meeting successfully fostered a connected community, with participants scoring **9.3/10 for opportunities to connect** and **9/10 for intent to continue interacting with peers**. This directly addresses the identified need for cross-market peer-to-peer collaboration, a key driver of knowledge translation in this specialised arena. Self-reported knowledge gain was also robust, with **8.8/10 for improved knowledge** and **9.0/10 for intent to apply knowledge in practice**, far surpassing our ≥7/10 targets.

Finally, the **activity objectives** highlight RDCN's unparalleled success in engagement and loyalty. An outstanding **NPS of 78** not only exceeded our 'excellent' target of ≥50 but achieved a 'world-class' rating, signifying an overwhelming endorsement from participants.

This is further cemented by **100% of participants expressing intent to return in 2025**, far surpassing our >75% target. This unprecedented level of commitment demonstrates RDCN's established reputation as an indispensable annual event, securing UCB's position as a leader in supporting the MG expert community and ultimately, improving patient care.



### What were the key numbers for the 2024 RDCN Annual Meeting in Amsterdam?



\*Includes UCB, HCP and PO representatives faculty. †Based on the average NPS for HCP participants for the meeting as a whole. ‡Based on the number of delegates (86, SC 3), and HCP faculty (115). §Includes PO representatives and caregivers. ¶Includes UCB, HCP, PO, patient organisations, RDCN, Rare Disease Connect in Neurology, SC, Steering Committee.

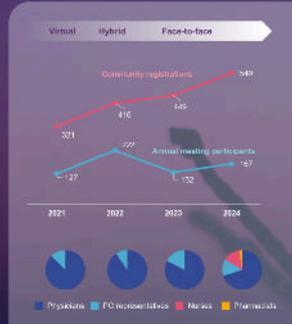
1

World-class, multi-award-winning, truly global medical education event

Rare Disease Connect in Neurology

## The RDCN Annual Meeting has evolved over 4 years

Growing multidisciplinary community



HCP: Healthcare professional; RDCN, Rare Disease Consortium in Neurology.

## Improving performance metrics

"I would recommend RDCN to my peers."



"The Annual Meeting education was valuable."



"The Annual Meeting improved my knowledge."



"I will apply the knowledge from the Annual Meeting to my practice."



"The Annual Meeting met the stated learning outcomes."



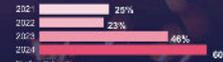
"Based on the Annual Meeting, I will come back next year."



"The educational programme included representation of different views and perspectives."



Evaluation form completion



## DELEGATE FEEDBACK

It was really worth coming and investing travel and time.

Always a pleasure, amazing programme.

The event is VERY well organised, and it is of incredible added value to be able to exchange ideas with international colleagues.

I've been here three times, and this meeting was the best.

Thank you for an outstanding keynote speaker! Congratulations to Vivienne – all the energy!

Extremely good medical education event.

Excellent, well done.

EXCELLENT MEETING.

This year's format was great, short sessions followed by Q&A.

## Business Objective Results

Provide results that correspond to each of your objectives from Question 1C here. You are required to provide a result for each objective.

To re-order the way your objectives/results appear, return to Question 1C and re-order your objectives using the 'nudge' button.

For each result, you may include up to 3 charts/graphs.

1

### Objective - Overview & KPI

State your objective here. (Max: 30 words) Increase compliance with evidence-based practice to support optimal outcomes for patients living with MG. Assessed by commitment to change (CTC) tool.

### Rationale - Why the objective was selected and what is the benchmark?

(Max: 75 words, 3 charts/graphs)

Measuring educational outcomes is a widely acknowledged challenge. CTC is one tool used, due to ease of administration and evidence that physicians who commit to intended changes are more likely to make actual changes in practice (Wakefield et al. 2003).<sup>1</sup>

CTC is considered one of the most useful tools to gauge leading indicators of likely change in practice, in absence of objective data.

**Target:** >50% participants, who complete evaluation form, identify 1 CTC

### Measurement - How did you plan to measure it?

(Maximum: 30 words)

Evaluation survey administered end of the meeting: HCPs were asked what one change in practice they would commit to make in the next 12 months, as a result of participation.

### Tagging - What keywords best describe your objective type?

(1 Required. No Maximum) Intention to change practice

### List Result

(Maximum: 30 Words) 48% of participants (42 participants out of 86) committed to make a change in their behaviour and/or clinical practice in the next 12 months

### Context

Explain, with category, competitor, and/or prior year context, why these results are significant for the brand's business.

(Maximum: 75 words, 3 charts/visuals)

We were close to our target of >50% participants, who completed evaluation form, identifying 1 CTC: 48% (42 participants out of 86) committed to make a change in their behaviour and/or clinical practice in the next 12 months with 26 participants consenting to the client contacting them in 3–4 months to discuss progress towards successfully implementing their change.



Evaluation survey administered end of the meeting: HCPs were asked score four statements on response scale of 0 to 10

### Tagging - What keywords best describe your objective type?

- You may have more than one objective of the same type.
- Unsure which objective type to select? View guidance here.

Value of education

### List Result

State your corresponding result here.

HCP Impact Score = 9

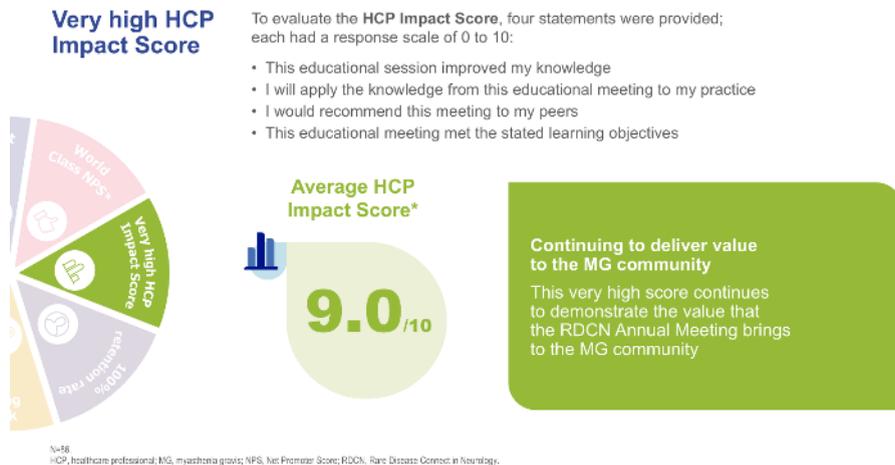
### Context

Explain, with category, competitor, and/or prior year context, why these results are significant for the brand's business.

(Maximum: 75 words, 3 charts/visuals)

We exceeded our target  $\geq 7$  HCP impact score, with a result of 9.

This high score demonstrates the perceived value that the RDCN Annual Meeting brings to the MG community.



# 2

### Objective - Overview & KPI

State your objective here.  
(Max: 30 words)

To foster a network of HCPs who continue involvement with each other and/or faculty (creating network of neuromuscular experts), as assessed by self report.

### Rationale – Why the objective was selected & what is the benchmark?

(Max: 75 words, 3 charts/graphs)

MG experts, when faced with a specific challenge during patient care, consider peer discussions a valuable source of education, over other sources such as journals. Yet global networks and fora for learning collaboration were minimal.

Cultivating a community and supporting HCPs to foster networks was a prospectively defined KPI intended to enable the team to track the extent to which HCPs were connecting and networking.

**Target:**  $\geq 7/10$  (average scores)

### Measurement - How did you plan to measure it?

(Maximum: 30 words)

Evaluation survey administered end of the meeting: HCPs scored two statements from 0 to 10:

- I had sufficient opportunities to connect ...
- I will continue to interact with my peers...

## Tagging - What keywords best describe your objective type?

- You may have more than one objective of the same type.
- Unsure which objective type to select? View guidance here.

Intention to connect

## List Result

State your corresponding result here.

9.3/10 = "I had sufficient opportunities to connect with my peers ..."

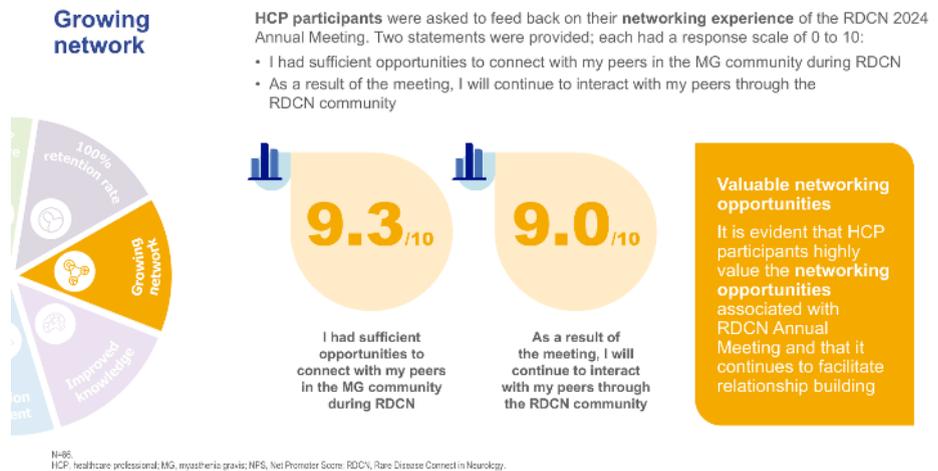
9/10 = "... I will continue to interact with my peers ...[via] the RDCN community"

## Context

Explain, with [category](#), [competitor](#), and/or [prior year context](#), why these results are significant for the brand's business.

(Maximum: 75 words, 3 charts/visuals)

We exceeded the target  $\geq 7/10$  (average scores) for both statements indicating that HCP participants highly value the networking opportunities offered by RDCN Annual Meeting and that it continues to facilitate relationship building.



# 3

## Objective - Overview & KPI

State your objective here.

To support knowledge translation, as assessed by self-reported knowledge gain and intention to apply in practice

(Max: 30 words)

## Rationale – Why the objective was selected & what is the benchmark?

(Max: 75 words, 3 charts/graphs)

Critique of the MG educational landscape revealed minimal education that assessed outcomes beyond attendance. This, coupled with a rapidly evolving and increasingly complex clinical landscape, indicated that knowledge gain and intention to apply knowledge are key indicators of success.

**Target:**  $\geq 7/10$  (average scores)

## Measurement - How did you plan to measure it?

(Maximum: 30 words)

Evaluation survey administered end of the meeting: HCPs scored two statements from 0 to 10:

- The [education] improved my knowledge
- I will apply the knowledge to my practice

### Tagging - What keywords best describe your objective type?

- You may have more than one objective of the same type.
- Unsure which objective type to select? View guidance here.

Intention to apply knowledge

### List Result

State your corresponding result here.

8.8/10 = "The [education] improved my knowledge"

9.0/10 = "I will apply the knowledge to my practice"

### Context

Explain, with [category](#), [competitor](#), and/or [prior year context](#), why these results are significant for the brand's business.

(Maximum: 75 words, 3 charts/visuals)

We exceeded the target  $\geq 7/10$  (average scores) for both statements indicating the 2024 meeting provided high-quality, relevant learning with high intent to apply in practice.

## Activity Objectives Results

- # 1

### Objective - Overview & KPI

State your objective here.  
(Max: 30 words)

Participants highly rate and recommend RDCN as evidenced by NPS  $\geq 50$ , indicating excellence.

### Rationale – Why the objective was selected & what is the benchmark?

(Max: 75 words, 3 charts/graphs)

NPS is used in medical education to gauge the extent to which HCPs would recommend the learning experience to peers. A "good" NPS is anything above 0;  $>50$  is 'excellent' and above 75 'world-class'. (This target metric was specified as an outcome KPI in the original 2021 Logic model.)

**Target:**  $\geq 50$  NPS (excellence)

### Measurement - How did you plan to measure it?

(Maximum: 30 words)

Evaluation survey administered end of the meeting: HCPs were asked score the statement "I would recommend this meeting to my peers" on scale of 0 to 10

### Tagging - What keywords best describe your objective type?

- You may have more than one objective of the same type.
- Unsure which objective type to select? View guidance here.

Advocacy / Recommendation

## List Result

State your corresponding result here. **NPS=78**

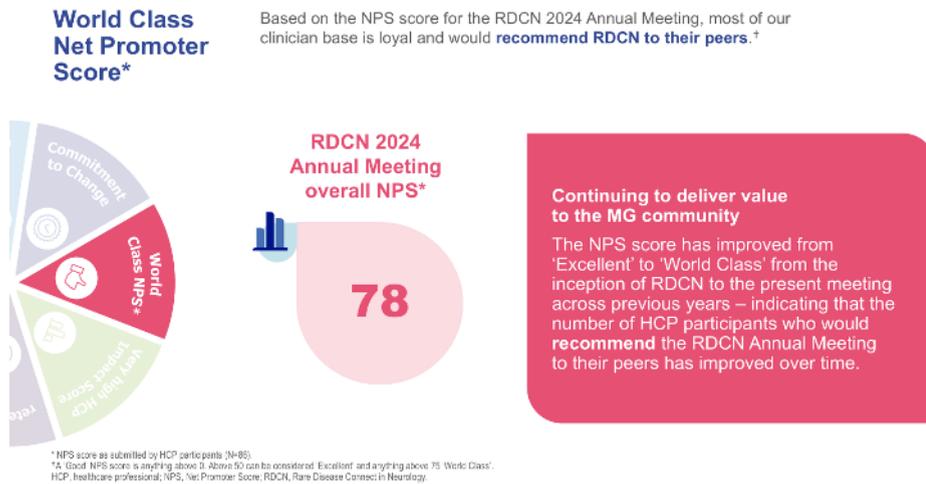
## Context

Explain, with [category](#), [competitor](#), and/or [prior year context](#), why these results are significant for the brand's business.

(Maximum: 75 words, 3 charts/visuals)

We achieved a world-class score of 78, exceeding our target  $\geq 50$  NPS.

This is based on NPS score submitted by HCP participants (N=86). A 'Good' NPS score is anything above 0. Above 50 can be considered 'Excellent' and anything above 75 'World Class'



# 2

## Objective - Overview & KPI

State your objective here.

(Max: 30 words)

To ensure continued commitment to the community as evidenced by regular attendance at future RDCN annual event, assessed by self report.

## Rationale – Why the objective was selected & what is the benchmark?

(Max: 75 words, 3 charts/graphs)

This target metric of 'regular attendance' was defined to assess the extent to which RDCN was achieving its aim of offering high-value, relevant medical education to the HCP community. Target metric was specified as a KPI in the original 2021 Logic model: 50% regularly attend RDCN as it is a prestigious annual event in their calendar

**Target in 2024:** >75% respond 'yes' to the statement, 'Based on RDCN 2024, I will come back next year'.

## Measurement - How did you plan to measure it?

(Maximum: 30 words)

Evaluation survey administered end of the meeting: HCP participants were asked whether they would come back next year, based on their experience in 2024 (response=yes/no)

## Tagging - What keywords best describe your objective type?

- You may have more than one objective of the same type.
- Unsure which objective type to select? View guidance here.

Advocacy / Recommendation

## List Result

State your corresponding result here. 100% want to return in 2025 (N=86).

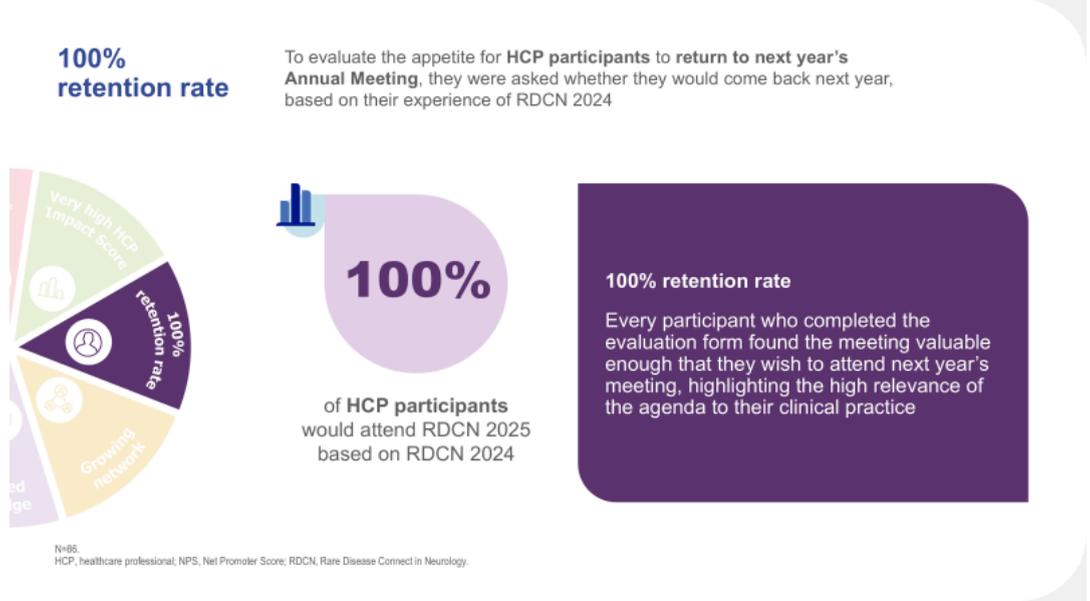
## Context

Explain, with [category](#), [competitor](#), and/or [prior year context](#), why these results are significant for the brand's business.

(Maximum: 75 words, 3 charts/visuals)

We significantly surpassed our 2024 target >75% for participant return intent, achieving a remarkable 100% response of 'yes' to the statement 'Based on RDCN 2024, I will come back next year.'

Every participant (N=86) who completed the evaluation form found the meeting valuable enough that they wish to attend next year's meeting, suggesting the high relevance of the agenda to their clinical practice.



## Additional Results

You may use this space to provide additional results achieved that you may not have had an initial objective for. This space may only be used for additional results beyond those that align with your listed objectives.

(Maximum: 250 words, 3 charts/graphs)

## 4B. Marketing rarely works in isolation. Outside of your effort, what else in the marketplace could have affected the results of this case - positive or negative?

Select factors from the chart and explain the influence (or lack of influence) of these factors in the space provided. We recognise that attribution can be difficult; however, we're inviting you to provide the broader picture here in making the case for your effectiveness.

No Other Factors

## Explain the influence (or lack of influence) of the factors you selected above.

The chart provided is a sampling of marketplace activities, but your response is not limited to these

We have answered No Other Factors to Question 4B.

factors. We recognize that attribution can be difficult; however, we're inviting you to provide the broader picture here in making the case for your effectiveness.

(Maximum: 200 words; 3 charts/visuals)

---

## Section 4: Sourcing

You must provide a source for all data and facts presented anywhere in the entry form. The below field may only be used to list sources of data provided in your responses above, do not include any other information.

**Recommended Format:** Use footnotes in your responses above and list each source numerically below. We recommend each source include the following information: Source of Data/Research, Type of Data/Research, Dates Covered. Do not include agency names in your sources. **View detailed guidelines here.**

N/A – no references or sources for this section

---

## INVESTMENT OVERVIEW

The Investment Overview is reviewed as part of Section 3: Bringing the Strategy & Idea to Life, along with your creative work, as presented in the Creative Reel and Images for Judging. These elements together account for 23.3% of your total score.

## PAID & DONATED MEDIA EXPENDITURES

Select paid & donated media expenditures, not including agency fees or production costs, for the effort described in this entry. If there were no paid media expenditures, please select "Under €50,000" and elaborate below. If there were no donated media expenditures, please select "not applicable" If the case did not run the year prior, select not applicable and provide context in the elaboration area below.

---

### Paid Media Expenditure (Current Year)

Current Year/Time Period:  
January 2024 – March 2025

Under €50 Thousand

---

### Paid Media Expenditures (Prior Year)

Campaign Period: Prior Year

Not Applicable

---

Compared to other competitors in this category, the budget is:

Select one.

Not applicable (Requires Elaboration)

Compared to prior year spend on the brand overall, the brand's overall budget this year is:

Select one.

Not applicable (Requires Elaboration)

### Media Budget Elaboration:

Provide judges with the context to understand your budget. **N/A**

What was the balance of paid, earned, owned, and shared media? What was your distribution strategy? Did you outperform your media buy?

In addition to providing context around your budget, if you selected Not Applicable to either of the previous two questions, explain why you selected Not Applicable.

*(Maximum: 150 words)*

## PRODUCTION & OTHER NON-MEDIA EXPENDITURES

Select a budget range for the key assets you developed to bring your idea to life. This should include hard pre and post productions costs, talent (influencer or celebrity fees), and any activation costs.

### Production & Other Non-Media Expenditures

Select a budget range for the key assets you developed to bring your idea to life. This should include hard pre and post productions costs, talent (influencer or celebrity fees) and any activation costs.

Not Available / Unknown

### Elaboration on the Production & Other Non-Media Expenditures

Provide judges with the context to understand the selection outlined above. This is an opportunity to provide further context surrounding your budget, so judges have a clear understanding and do not question the information provided above.

While a key agency partner for our client, we do not have visibility on all costs associated with production

*(Maximum: 100 words)*

## OWNED MEDIA

Elaborate on owned media (digital or physical company-owned real estate), that acted as communication channels for case content.

(Maximum: 100 words)

---

## Was owned media a part of your effort?

Elaborate on owned media (digital or physical company-owned real estate), that acted as communication channels for case content.

(Maximum: 100 words)

---

## SPONSORSHIPS AND MEDIA PARTNERSHIPS

Select the types of sponsorships/media partnerships used in your case. Choose all that apply. Then, provide additional context regarding those sponsorships and media partnerships, including timing.

(Maximum: 100 words)

---

### Sponsorships

Select all that apply.

Not Applicable

---

---

### Elaboration on Sponsorships and Media Partnerships

Provide additional context regarding your sponsorships and media partnerships.

N/A

(Maximum: 100 words)

---

## SOURCES

---

### Investment Overview: Data Sources

You must provide a source for all data and facts presented anywhere in the entry form. The below field may only be used to list sources of data provided in your responses above. Entrants may not include any additional context or information in the below field.

N/A – no references or sources for this section

**Recommended Format:** Use footnotes in your responses above and list each source numerically below. We recommend each source include the following information: Source of Data/Research, Type of Data/Research, Dates Covered. Do not include agency names in your sources. [View detailed guidelines here.](#)

---

## ALL TOUCHPOINTS AS PART OF YOUR EFFORT

Select all touchpoints used in the effort, based on the options provided in the below chart. Within your response to Question 3, explain which touchpoints from the below list were integral to reaching your audience and why.

On the creative reel, you must show at least one complete example of each touchpoint that was integral to the effort's success. For example, if you mark 10 boxes below and 8 were key to the driving results and explained as integral in Question 3, those 8 must be featured on the reel.

---

## All Touchpoints

Select all that apply.

Events

Influencer/Key Opinion Leader

---

## MAIN TOUCHPOINTS

From the list outlined above, select the three most integral touchpoints for your effort. List in order of most integral to least integral.

---

### Main Touchpoint 1

Most integral touchpoint.

Events

---

---

### Main Touchpoint 2

#2 Most Integral Touchpoint

Influencer/Key Opinion Leader

---

---

### Main Touchpoint 3

#3 Most Integral Touchpoint

Not Applicable

---

## SOCIAL MEDIA PLATFORMS

Select all social media platforms utilized in your effort from the list below.

---

### Social Media Platforms

Select all that apply, or select Not Applicable.

LinkedIn

Instagram

RDCN website and UCB corporate website

---

## CREATIVE REEL

The Creative Reel is the entrant's opportunity to showcase the creative work that ran in front of their audience to the judges. The reel is NOT a video version of the written case. Judges recommend spending at least 70% of the creative reel's time on examples of creative work.

**The creative reel is not judged for the production quality of the reel; judges are evaluating only the creative work that ran in the marketplace**

as it relates to the challenge, insights, audience, and strategy.

Specific, quantifiable results, agency names/logos, and competitor logos/work may not be included anywhere in the video.

The Creative Reel is viewed once the case has been read.

## Creative Reel

3 min maximum (4 min for Sustained Success). 250 MB max., mp4 format. High Resolution: 16:9 at 1920x1080.

Do not include any agency names in the file name or anywhere in the reel. Give each upload file a unique name.



## Creative Examples Presented in the Creative Reel - Select All

Select all that apply.

Events

## Raw Creative Examples as Originally Aired - For Research Purpose



## In what language the raw creative example aired?

N/A

## IMAGES OF CREATIVE WORK (2 Required, 6 Maximum)

Upload images of your creative work that ran in the marketplace.

Communications channels highlighted must have been also featured in your creative reel.

Judges review these images after they read your case and watch your creative reel. Images should complement your reel and help the judges better evaluate the creative elements that ran in front of your audience.

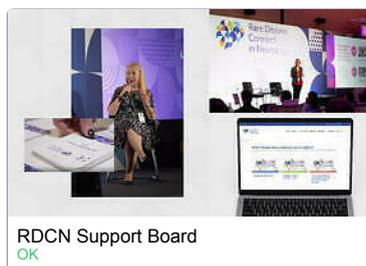
Images for Judging are an opportunity to:

- + Showcase work that is better seen as a still image vs. video format
- + Draw further attention to key creative elements

## Images of Creative Work

Upload 2-6 images of your creative work that ran in the marketplace. Do not include agency names in the file name or within the images.

Technical Requirements: .jpg/jpeg format



## Translation of Non-English Creative Work (If Applicable)

If your creative examples include non-English work, you are required to include an English translation either via subtitles within the creative OR you may provide a translation in the text box below. This will not be counted towards your entry form page limit.

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With Print Set JUDGING VIEW - PDF Version of the Written Entry for Judges