TARGETING EARLY CLINICAL-PHASE ONCOLOGY PROGRAMS

A specialty lab CRO's first ABM program

This program was designed and implemented by Fractorial's founder during his tenure as a marketing leader at the organization described, prior to Fractorial's founding. The organization is anonymized; the methodology developed forms a key foundational pillar of Fractorial's current ABM practice.

CONTEXT

A specialty contract research organization serving therapeutic developers from late-preclinical through clinical stages, with revenue concentrated among oncology programs. Active in the US, Canada, and Europe.

PROGRAM

The organization's first account-based marketing program, proving the model before committing to dedicated ABM infrastructure.

APPROACH

A 1:few program targeting a single segment of early-phase, biomarker-enabled oncology programs across approximately 100 accounts.

OUTCOME

Expanded steadily beyond the pilot: a technology-segment program at ~6 months, large-pharma 1:1 at ~12, gene- and cell-therapy segments, and at ~30 months ABM adoption as a standard strategy across all marketing groups.

Background

The organization was well-invested in marketing with proven success in existing channels and methods. It had strong bottom-of-funnel lead generation through SEO and SEM, ran a robust conference program, and had begun producing substantive content including webinars and white papers featuring internal subject-matter experts. What it lacked was focus: no documented ideal customer profile, a Business Development team conducting its own largely cold outreach with no SDR function, and high-value content with no consistent distribution strategy.

The case for ABM was established by data. Fractorial's founder had built a custom, automated multi-touch attribution model measuring marketing's contribution to pipeline and revenue, with ROI resolved in aggregate and by category, campaign, and individual tactic — each conference, webinar, and search campaign. The model demonstrated that the highest-closing opportunities were those engaged across multiple touchpoints. ABM was adopted to address multiple needs: to impose the missing commercial focus through a defined ICP, to engineer multi-touch engagement deliberately rather than incidentally, and to shift BD team prospecting from cold to primarily warm outreach.

Approach

Segment selection was based on historic revenue data. Analysis of sales data identified services provided in support of early clinical phase oncology therapeutic development programs as the largest single contributor to revenue, and the pilot was concentrated there.

An ICP was defined for the segment: mid-size biotechs, sized by market capitalization or funding, with two or more biomarker-enabled oncology programs in Phase 1, entering Phase 1, or in late preclinical development, located in the US/Canada or Europe. Cell therapy developers were excluded for separate, dedicated treatment given the unique needs of cell therapy programs; large pharma was excluded as structurally distinct. The account universe was constructed from life-science-specific sources of Citeline for trial and pipeline data, and BCIQ for preclinical program and financial data. This enabled target selection based on the signals that predict in-market behavior: program count, development phase, modality, and company size. The resulting list was reviewed by BD account owners and refined down to approximately 100 best-fit in-market accounts based on territory knowledge, which improved the list and secured commercial buy-in in a single step.

Approach — CONTINUED

Targeting and content were built around the segment's buying group. A title and seniority framework used both positive and negative keywords to maintain precision. Existing content was mapped to funnel stages, with the strongest assets selected for first contact; the campaign landing page presented value propositions alongside ungated content, with visits as well as PDF and video engagement tracked at the account level. Delivery ran through LinkedIn, chosen deliberately as the primary channel: it allowed the approach to be proven before committing to a dedicated ABM platform, using infrastructure already available. Ads were targeted against the defined title and account lists, with creative routing traffic either to the landing page or directly to individual assets. Absent an SDR team, engaged leads and accounts were routed to the BD account owners, and engagement thresholds were set deliberately low at two or more clicks per lead, and two or more engaged individuals per account. This helped to learn the segment's engagement patterns rather than filter prematurely on a first campaign.

The program launched broad and was subsequently refined into two persona tracks. Scientific personas were directed to technical content, including assay-specific webinars and white papers; clinical personas were directed to partner-oriented content addressing management of trials with secondary and exploratory endpoints, and effective ways to support translational and biomarker stakeholders.

CAMPAIGN CONFIGURATION SUMMARY

The campaign design reflected how these specific services are bought. Intent was assessed at the **program level** rather than the account level, because the targeted biotech accounts typically run multiple programs of which only some are in market. **Modality** functioned as a primary segmentation axis (cell therapy was excluded). Two materially different personas within each account required **parallel content tracks** rather than a unified message. (Other life-science services or products would likely require different campaign configurations based on buying groups, target audiences, and intent signals.)

Outcome

The program's pipeline and revenue figures are confidential to the organization and are not reported here. The more telling result is the trajectory that followed. The pilot proved the model for the specific initial business segment, and the program expanded steadily from there, eventually being deployed across all applicable business segments.

~6 mo	~12 mo	+ GT / CT	~30 mo
Second program launched, supporting a proprietary technology	A personalized 1:1 approach for select large pharma followed	Extended into gene- and cell-therapy segments	ABM deployed as the standard across all business segments.

A second program, supporting a proprietary technology, launched roughly six months after the first, and a personalized 1:1 approach for select large pharma followed at approximately twelve months. The program then extended into additional therapeutic-area and modality segments, including gene therapy and cell therapy. After roughly thirty months, the organization decided to deploy ABM across all of its applicable business segments, using the foundational methodology developed in this program. As part of that expansion, Fractorial's founder led the selection of a dedicated ABM platform and managed its onboarding and implementation. Overall program results were measured through an automated attribution infrastructure, connecting data from the ABM platform, marketing automation platform, and CRM.

Significance

The program succeeded because it produced repeatable commercial focus. It began where revenue concentrated, defined a previously absent ICP, identified in-market accounts using life-science-specific signals, and secured BD alignment before launch. None of these were campaign-specific, which is why the method survived the pilot and scaled organization-wide. **Refined through experience and over time, this approach is now a foundational pillar of Fractorial's ABM practice.**