

CASE STUDY · GO-TO-MARKET STRATEGY

Launching *NGS* *cancer* *diagnostics* in an underserved market

CLIENT

Healthtech Diagnostics Company [Anonymised]

MARKET

Nigeria

SCOPE

Full GTM Strategy

TIMELINE

April – December

4

TARGET AUDIENCES

6

PRODUCT LAUNCH
PHASES

500

SIGN-UP GOAL (4
MONTHS)

9mo

PRE → POST
LAUNCH WINDOW

THE BRIEF

Introducing a novel diagnostic product to a market that didn't know it needed it

The client was a diagnostics company bringing next-generation sequencing (NGS) cancer testing to Nigeria for the first time – offering in-country genomic analysis at a fraction of the cost of testing abroad. The product was genuinely novel. The problem was that novelty, in healthcare, is often its own barrier.

Most of their target audiences – oncologists, patients with family cancer history, cancer survivor groups, and the general public – had limited awareness of NGS testing, and many held active misconceptions about cancer genetics. The strategic challenge wasn't just launch messaging. It was education, first

"The product was real. The market wasn't ready. The GTM plan had to build both simultaneously."

Low Baseline Awareness

Limited understanding of NGS and genomic principles among all target audiences, including physicians.

Price Sensitivity

Relatively expensive product in a cost-sensitive market – value communication had to do heavy lifting.

Trust Gap

New brand entering a high-stakes healthcare category where trust is built slowly and lost quickly.

STRATEGIC FOUNDATION

SWOT Analysis

The strategic baseline – used to shape where to invest, what to mitigate, and where the real opportunity sat.

STRENGTHS

- Novel product – first-mover in-country NGS testing
- Cost-effective versus sending samples abroad
- In-country laboratory infrastructure

WEAKNESSES

- Relatively new, unestablished brand
- Product not yet understood by target audiences
- Relatively high price point for the

OPPORTUNITIES

- Untapped segment of the Nigeria diagnostics market
- Partnerships with hospitals and physician networks
- Dispelling cancer and treatment stereotypes through education

THREATS

- Lack of understanding of common genomic principles
- Limited awareness of NGS testing among all target groups

AUDIENCE STRATEGY

Four audiences. Four different conversations.

Each audience required a distinct messaging approach, channel mix, and funnel logic. The GTM plan treated them as separate markets that happened to share a product.

AUDIENCE

CORE GOAL

KEY PAIN

PRIMARY APPROACH

Physicians & Oncologists

Integrate NGS into treatment protocols

Rapid advances, limited time, complex decision-making

Medical conferences, tumor boards, thought leadership, peer education

Individuals with Family Cancer History

Understand and access familial risk testing

Fear, misconceptions, lack of awareness of testing options

Targeted ads, influencer partnerships, counseling-led webinars

Cancer Associations & Survivor Groups

Embed testing in cancer community support structures

Trust in new interventions, access, emotional sensitivity

Community events, survivor testimonials, partnered webinars

General Public

Build broad awareness and normalise cancer testing

Stigma, low literacy on genomics, limited engagement

Social media content, influencer campaigns, patient stories

FUNNEL DESIGN

Physician go-to-market funnel

The physician audience required the most structured funnel – moving from awareness through to retention across a longer decision cycle than consumer audiences.

AWARENESS

Build the case for NGS

- Educational content on NGS cancer testing benefits
- Presence at medical conferences and events
- Thought leadership – journal articles, media commentary

CONSIDERATION

Deepen understanding

- Physician-targeted workshops and webinars
- Informational brochures vs. traditional methods
- Tumor board attendance – case study discussions

DECISION

Lower the barrier to trial

- Early access / trial opportunities for select physicians
- Patient case studies showing real-life application
- Medical association endorsements

RETENTION

Embed and expand

- Ongoing webinars, newsletters, learning modules
- Event sponsorships with medical associations
- Incentives for continued engagement and referrals

How customers would find the product

The acquisition mix was built around the reality that physician referrals would drive the highest-quality leads – making that channel the anchor, supported by organic and paid search to capture self-directed demand.

30%

REFERRALS

Physician-to-patient referrals – highest trust, highest conversion

25%

ORGANIC SEARCH

SEO-driven inbound – long-term, compound returns

25%

PAID

Google Ads targeting high-intent cancer screening queries

15%

SOCIAL

Awareness-stage social ads targeting family history audiences

5%

EMAIL

Targeted campaigns to warm leads and existing sign-ups

Six-phase product launch timeline

Products were staged across the year to build market readiness before each release – beginning with the CGN study in April and culminating in liquid biopsy by October.

APR

Phase 1 – CGN Study Launch

Pre-launch foundations:

awareness video production, physician education content, initial partnership outreach to medical associations and cancer groups.

MAY

Phase 2 – Solid & Blood Cancer Test (Public)

Launch event, Google Ads activation, social media advertising for awareness video, banners and flyers placed at partner hospitals and clinics.

JUN

Phase 3 – Familial Cancer Risk Test (Public)

Educational social media series goes live. Influencer and cancer survivor group partnerships activated. Physician webinars and tumor board sessions begin.

JUL-AUG

Phase 4 – Digital Pathology Service

Patient case studies and testimonials rolled out. Early access trial opportunities for select physicians. Special promotions for cancer

SEP

Phase 5 – BRCA 1 & 2 Test (Public)

Post-launch optimisation phase. Ongoing webinars, newsletters, and learning modules. Foster ongoing medical association partnerships.

OCT

Phase 6 – Liquid Biopsy Launch

Full post-launch retention programme in motion. Referral incentives active. Counselling follow-up sessions for familial risk testing patients.

GOALS & MEASUREMENT

What success looked like

Goals were set against three objectives: market positioning, physician adoption, and public awareness – each with specific numeric targets and measurable KPIs.

OBJECTIVE	GOAL	KPIS
Position as preferred NGS provider in Nigeria	500 sign-ups within first 4 months · 5 medical association partnerships within 6 months	Sign-ups per month · Conversion rate of website visitors to sign-ups · Partnerships signed

**Educate
and
empower
physicians**

15%
increase in
physician
awareness
after 6
months ·

150
bookings
within 3
months of
launch

Physicians
reached via
seminars/webinars
· Booking
conversion rate ·
Physician
satisfaction
scores

**Educate
the
broader
public on
NGS
cancer
testing**

15%
increase in
familial risk
testing
awareness
after 6
months

Social media
engagement ·
Website traffic ·
Awareness
campaign
interactions

STRATEGIC REFLECTION

What this project sharpened

GTM strategy for a genuinely novel healthcare product in a low-awareness market is a different problem than launching in a mature category. Here's what stood out.

EDUCATION IS THE MARKETING

When the audience doesn't know the product category exists, awareness campaigns can't lead with product features. They have to lead with the problem. Every content touchpoint was designed to move people from "I didn't know this was an option" to "I want to know more" before any commercial message was introduced.

PHYSICIANS AS THE DISTRIBUTION CHANNEL

Allocating 30% of acquisition to physician referrals wasn't arbitrary. Patients with cancer or family history of cancer defer to their doctors. The fastest path to patient conversion was making the physician a confident advocate – which is why the physician funnel was the most elaborately designed of the four.

PHASED LAUNCHES AS NARRATIVE TOOLS

Staging six products across nine months wasn't just operational – it was strategic. Each launch created a news moment, a reason to re-engage the market, and an opportunity to build on the awareness generated by the previous phase. The calendar was the

TRUST TAKES LONGER THAN AWARENESS

The SWOT made clear that brand newness was the central weakness. The GTM plan addressed this by anchoring credibility in institutional channels – medical associations, hospital partnerships, peer journals – rather than pushing consumer-facing claims the brand hadn't yet earned.