

Common Synapse, Client Case Study (Confidential)

Project: Patient reality validation sprint (Neuro-ophthalmology / Optic neuritis)

Client: UK-based MS/remyelination biotech (*name confidential*)

Delivery: Founder-led, fixed-scope engagement

Geography: Global, with CH / UK / EU relevance

The decision context

An early-stage biotech leadership team needed an independent, defensible check on **patient reality** to support decision-making in a neuro-ophthalmology use case (optic neuritis, MS-adjacent). The priority was not “more data”, but clarity: ensuring that key assumptions about lived experience would hold up in leadership, investor, and partner conversations.

What Common Synapse delivered

We translated **anonymised patient-lived evidence** from **public online patient conversations** into a concise, decision-ready brief. The focus was on what patients actually describe - in their own words - and how that maps to narrative, strategy, and early clinical/trial-facing choices. **Core outputs included:**

- Decision-critical themes grounded in patient language
- Curated anonymised verbatims (public sources) to support each theme
- Lived-experience patterns, frictions, and unmet needs relevant to the decision
- “Where assumptions break vs where they hold”: risk points surfaced early
- Practical implications for narrative/positioning and evidence strategy
- Targeted post-delivery Q&A to resolve leadership follow-up questions

Outcome / impact

The client gained a clearer, defensible view of patient reality, **strengthening what was directionally right** while identifying specific areas needing refinement before public or high-stakes commitments. The final brief enabled leadership to move forward with greater confidence, supported by patient-grounded evidence that could be referenced in internal alignment and external stakeholder discussions.

Notes on confidentiality & sources

Client identity and all patient content were treated as confidential. Evidence was derived from **publicly accessible online patient discussions** and presented in **anonymised form**, with interpretation translated into decision-ready language for leadership use.

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