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In this episode, Taren Grom, Editor-In-Chief of PharmaVOICE magazine, meets with Dr. Athena Countouriotis, president and CEO, Turning Point Therapeutics.

Taren: Athena, welcome to the PharmaVOICE WoW podcast program.

Dr. Countouriotis: Thank you very much for having me, Taren.

Taren: We're thrilled to have you part of this series. I am fascinated by your career. Can you please tell us a little bit about your journey and what ultimately led you to be named president and CEO of Turning Point Therapeutics.

Dr. Countouriotis: I'd be happy to. I initially started my training in medicine as a pediatrician. I did additional training in cancer within oncology. And it was a little over 15 years ago, again, training within pediatric oncology, you really see a difference between drugs that are being developed for adults versus those that are being developed for children, and I really wanted to change that. And I didn't believe that I'd have that opportunity staying within academics. So you know, I looked at other career opportunities. I initially started at a small biotech company, but really within the same lens of clinical development, which is one side of the industry that really focuses on clinical trial designs and execution and then inevitably looking at data in a little bit deeper lens and how you can get a drug to market. And so I did that for many years, both within larger pharmaceutical companies such as Bristol-Myers Squibb and Pfizer, and then smaller biotech companies that were private and/or public. I've been successful enough in that I've brought multiple drugs to market all within oncology that can be utilized for both adults and for children.

And when I first came to Turning Point, I actually was the chief medical officer, which is a role that I've held across other companies that were public previously as well, and then shortly thereafter, moved our lead asset, repotrectinib, further along in its development, started to build the team here. I became the CEO last fall just in time to do our last round of private financing, and then inevitably, with the team that I had built last year and the beginning of this year, took the company public, and then it's just recently done a follow-on offering. So it's been a ride in terms of my overall career path, but really with a focused lens on trying to bring more therapies to both children and adults with cancer.

Taren: That's fascinating. What are some of the biggest obstacles in terms of that pediatric oncology space? It seems it's a passion for you.

Dr. Countouriotis: It is and historically, pediatric oncology – so drugs being developed for children with cancer from a pharmaceutical company perspective, a lot of times it was done to essentially extend your patent life for your drug. So you would get additional months on your patent if you had studied your drug within children.

But truly doing a drug development path for children was not as common. It's not as common commercially for pharmaceutical companies to look at this approach, thinking about where the future would be for your drug. And so again, I had been hearing when I was in academics about new drugs that were targeting the vasculature – this is called VEGF inhibitors for cancer, but I didn't have the ability to utilize them for patients that I was treating. And so one of the initial challenges that I saw was just simply having access to some of the drugs that were being developed for adults. I think, again, having a lens from the pharmaceutical side now that there's true value in developing drugs, not only for adults, but also for children outside of just the additional patent life is one of the other pieces that I would say has been a challenge. But I've seen and I've been very encouraged with many more companies now that are doing that with more drugs that are being approved for children, including drugs that are within our space, looking at tumors that clearly affect children, as well as adult. It's something that our pipeline is also focused on. But some recent companies that have also been very successful and have recent approvals for drugs that, again, are agnostic to age, so they can be used for children that are infants as well as for adults.

Taren: So talk to me about what that means in terms of the development strategy, because obviously, you can't run the same kind of clinical trials on children as you can for adults. So how does that shift things in terms of a mindset when you're looking to develop a protocol?

Dr. Countouriotis: Yeah, well, it's very interesting that the one difference, I would say, because the protocol can actually be quite similar, one of the key misperceptions is that you have to dose differently for children. It's actually quite the opposite, and that children oftentimes can tolerate a higher dose than adults. Because if you think of it historically, children do not have a lot of the comorbidities that adults have, in terms of other things, let's say such as hypertension, or diabetes, or obesity, things that have come along through an adult lifespan that may not have impacted a child yet. And so again, you can oftentimes dose higher for children, but a difference in terms of when you're doing drug development, is making sure obviously, you've consented the patient correctly. So having an "informed consent" for a 5 year old is very different than obviously, if you're consenting adult. And so there, you do have to rely on somebody that can speak on behalf of the child and oftentimes, that's a guardian and/or parents. But with the exception of the informed consent process for a child, that protocol development itself, is oftentimes quite similar. The only scenario where it's oftentimes different is, children grow. And so you're using a dose in an adult that may be in the child modified based on their height and/or their weight, because over time they're going to grow.

And so if you're giving this drug, chronically, obviously for more than let's just say a couple of months, then you have to take into consideration if they've grown either in height or in weight over that period and adjust your drug dose.

Taren: Fascinating. Thank you for shedding some light on that because I was under the most perception that there were different barriers for pediatric trials. Talk to me about what you see for the future for the company in terms of the goals you want to achieve in this therapeutic category.

Dr. Countouriotis: We have set very big goals for ourselves for this year. As I said before, I joined the company last year, so I've been here for about a year and a half now. The goals that we set out for ourselves, in addition to obviously taking the company public is to advance our pipeline. And so when I first joined the company 18 months ago, we had one asset in the clinic, we're now advancing towards our third asset in the clinic. And this is quite unique for a company, especially in a short period of time post an initial public offering to have three assets in the clinic. So one of the key goals for this year was really to advance the pipeline to have multiple "shots on goal" in terms of therapies for the future for patients, and obviously raising the capital to be able to support that. Those were kind of our goals for this year that again, it will translate into our goals for next year as well. I have always consistently said I look at the roles that I have as somebody that has to always be mindful, really towards three different groups. And that groups really focused first on patients, second on the commitments that I've made to our employees, and then third to our shareholders.

I think from whether it's near term or long term goals, we're always trying to be mindful of those three groups with clearly the patients being the first and most important, but the long-term goal for us is to continue to build a sustainable company. Again, when I joined a year and a half ago, we were less than 20 employees, and now we're approaching 90 to 95 employees. So we are building the company for long-term growth, hopefully for future approval for our lead asset, repotrectinib, and eventually commercialization.

Taren: I think that's all fantastic. And I do want to address the aggressive growth strategy. That's a lot to have done in 18 months. How do you manage that on a day-to-day basis, or even a week-to-week basis in terms of employees and resources and the acceleration of the pipeline?

Dr. Countouriotis: First thing I would say is when I joined the company last year, I looked at the footprint as to what we had and where did we have gaps that I knew we could fill, especially with key talent within San Diego. I've had the pleasure now being here for, I want to say 13 years since I've interacted with quite a few people in different areas within each of the companies that I've been a part of. And I really was selective in terms of who I thought would bring meaningful value to the company, but also at the same time, to your question about managing, oftentimes, a huge part of my role is that I'm not in the office, that I'm out speaking to investors, I'm speaking at conferences, although sounds like you're at conferences all the

time as well. So someday, hopefully, we'll see each other at a similar conference, but I have been out on the road a lot.

Again, doing two public financings has led me to be out more than I would normally be, but also just really getting the story out there even before we took the company public required a tremendous amount of travel. And so making sure that the team that was back in the office is a team that I trusted, and I had the benefit in many cases of working with many of the individuals before was the key point for me, so that I didn't have concerns when I was out on the road. I think with every bit of technology that we have now, I really believe that whether you're sitting in the office or out and about, you do have your finger right there if you need it. But there's many scenarios where I'm not updated on a second-by-second basis. But again, I trusted the team to know that they will update me if I need to be updated, and otherwise they have it under control.

Taren: That's fantastic. So congratulations to you on the accelerated ramp-up and your great success so far. I want to talk a little bit about the IPO. Tell me what that process is like for you. And had you brought a company public before or was this a new venture for you?

Dr. Countouriotis: Sure. I had done it before in the role of chief medical officer at a company called Ambit Biosciences and this is back to 2012. We took that company public and shortly thereafter, we were acquired. That company had more of a standard management team, so I was out on the road as the chief medical officer with the CEO and CFO, really telling the story of what we needed to do from a financing perspective, as well as the clinical data that we had.

Here, when I came here, as I said before, I was initially the chief medical officer, when we decided to take this company public, I think the key first decision was, who are going to be our partners on the banking side. And I think it's important as I segue the kind of the team that we have that the lead bank that really was an advisor to me through this process last year and into this year, as well, was Goldman Sachs, and our key banker actually has now become our CFO. And so that was a true testament to, I think, her belief in us when she was our banker, and now she's a part of our company. Having said that, though, when we did the initial parts of the initial public offering, which is called testing the water meetings, when you first go out and talk to investors about your story, there were very few that actually knew of this company. And this was a scenario where myself and Jim Mazzola who's the head of our Corporate Communication and Investor Relations group, it was just he and I on the road. And so unlike that scenario, I had not done it before with a different team. We didn't have a CFO, we didn't have a CMO. It was Jim and myself, and we were out doing about 50 investor meetings in total before we decided to launch the IPO. I think the feedback from those meetings was incredibly positive to give us confidence that we could take the company public, because not always is the story perceived positively. Maybe investors don't think you have enough scientific rationale, maybe you don't have enough data yet. But I think we had both of those boxes checked, we had a very strong scientific platform. We had about 70 patients worth of clinical data with our lead asset. This is not a one-asset company, so we had a pipeline behind that. We had a board that was

predominantly our private investors, but very well-known venture capitalist investors that supported the company, and then obviously a growing management team and I had been a part of, as I said to you before, multiple drugs that have gotten approved in the space.

So management credibility, I think, is also incredibly important when you're taking a company public, and I do believe we checked all those boxes. And so that was predominantly the run-up into doing the IPO. As we were in the process of taking the company public, the feedback was incredibly positive and then obviously, the first day we launched the stock on Nasdaq, we were up 60 percent. And I think at this point, the feedback that we've received over and over, and I just was on television last week on Squawk Box, again, because of the fact that this is the best biotech IPO of the year. The stock remains up a hundred percent and at one point, we were up 160 percent to the IPO price prior to some of the recent market changes in general in the market. So the run-up to the IPO, I think being very thoughtful as to who you're going to have as your advisors, making sure that you believe in your story and making sure you have strong investors behind you when you're a private company. Really getting out there and getting investor feedback as you're out doing those testing the water meetings. And then again, having confidence when you are doing your IPO in terms of who you're going to decide to have as your investors through this process, because hopefully, those are going to be investors that will be with you again, because you will need to come back and raise money. Again, we've been incredibly fortunate with the performance of the stock and additional new data that came with our lead asset that we were able to do a follow-on offering very soon after the IPO, which was very rare. So all of that is the process that we've gone through.

Taren: Well, congratulations. It sounds like it was a fascinating time and an exciting time. So what did it feel like that day that the stock went live?

Dr. Countouriotis: Well, first, it starts at about 7 in the morning, because we're going to go live at about 10 in the morning in New York. And so the first day, part of it is, you haven't slept very much for the last 10 days while you've been doing the road show. So maybe you're a little bit tired, but then you're waiting for that first trade to occur. And again, I think this is where being very mindful as to who are your advisors, who is going to manage the desk for those first trades, and I felt incredibly confident in the bankers that I had on the team. We waited for the stock to open and essentially, I was told we had priced the deal at \$18, and that we were going to open somewhere around 24. And so when I thought of that math, I thought, well, that's already up 30 percent. That's amazing. And then obviously, I watched it for about a half an hour.

Taren, I'll be very transparent, I'm a cyclist. I've been a professional cyclist. I ride my bike quite often. I had not ridden my bike in a week. I was incredibly nervous that I was going to crash or have something bad happen, and this would in some way impact the IPO. So the very first thing I did after the stock traded for about an hour was I got on my bike, and I was only out riding for about a half an hour until I got a call from the chairman of the board, just in general, congratulating us for how well the stock was doing. And I immediately rode my bike back home, to come into the office so that I could be here for the close that day, and just really to rally

around the employees, even though I hadn't really slept much. And I wanted to just kind of be out, enjoying the pressure. I came right to the office. I teared up a little bit just to really get the company to appreciate this is so unique what we just did. And so that was day one. I mean, I think in general, again, it's not the day one that everybody has. But again, our story resonated to investors through those tests in the water meetings, through the IPO roadshow and the first day stock performance that continued through to the first four and a half months when we did our follow-on offering.

Taren: Again, congratulations. And I love the story that you took just that half an hour to go find some mind space. That was a little bit different to give you some perspective and then go back in to rally the troops. That's wonderful.

Dr. Countouriotis: Yeah, I mean, I think, irrespective of not getting a lot of sleep, not seeing anything besides the inside of a black SUV or somebody's investor office or the inside of a bank, I was dying to get outside. But the reality was that day was for the employees. It was for the folks that have been around this company much longer than my tenure, that had really built the pipeline. And I was the facilitator of this deal, getting out and being able to sell their story that they built and that I get to build with them now, that was probably wanted to end the first day. And so I think that that was a perfect way to have a very first day of trading and then we didn't ring the Nasdaq bell that day. We went back and ring the Nasdaq bell, I think, about two and a half months later with our banking team from Goldman. They came with us and it was a great day. We brought our families. We brought the management team. I brought my two children, and it's something that was just shown again on television, again, when I was on TV last week. So it's a great day just to remember in general that we accomplished something amazing.

Taren: What a thrill. And tell me were your kids impressed?

Dr. Countouriotis: My kids. It's funny. So each time you do an offering, you name a project. And so the IPO was named after my son, so it was named project Enzo, and my son is 9 years of age. My daughter is Avon. She's now 10. And my daughter was sick of hearing about project Enzo, I mean, just because it was named after her brother. So part of having to do that follow-on was like to do another project name. No, no. We did the following because we had great data and we had a tremendous amount of investor support, but I did name it after my daughter. And so she's very happy now that she has her own project that was actually bigger than the IPO in terms of how much money we raised. And so she has that to hold over her brother now. I think my children enjoy that mommy is at a company that she's happy. And I think more than anything, that's the key, is that I'm a happier mommy, I think, in this role and at the same time with the people that I've surrounded myself with.

Taren: That's wonderful. Thanks for sharing that story. That's great. I love it. Talk to me about the company science around kinase inhibitors and what makes your science a different from what some of the other companies are doing in this space?

Dr. Countouriotis: Yeah, first of all, it goes back to again, the management team, our chief scientific officer, Jean, who was the founder of the company is a medicinal chemist by training, and she had successfully designed two prior tyrosine kinase inhibitors. These are oral drugs called TKIs. Both of those are utilized within lung cancer and they specifically are looking at what we call oncogenic driver mutations and they're the essentially subpopulations of lung cancer. So she had had the precedent of doing this twice before, which again, I think was, as I was saying earlier, testaments that when you're out there on the street talking about your story and giving management credibility, but also credibility to your science. The fact that there was success from our CFO who was a chemist that designed prior molecules resonated. On my side, again, the fact that I had brought four TKIs now to market also helped people appreciate that I understand drug development.

And so the way that the company was built, and now it's six years ago, was really again with that idea of building tyrosine kinase inhibitors with a specific lens from a chemist, but at the same time, how could you do it differently in terms of how you build them? And how she built them was to make them smaller. And to make them smaller, and this is important, was really to be able to circumvent what we call steric interference, which is essentially being able to circumvent bumping into areas of the kinase that have mutated and caused drug resistance. And so the whole idea was to tackle what we would call treatment resistances, so a patient that has already received a tyrosine kinase inhibitor that is now progressing and that therapy, unfortunately, is failing the patient, the patient is now looking for an option. And there's really nothing approved in the spaces that we've tackled in these oncogenic drivers or something called ROS1 TRK and RET. And in those three areas, no tyrosine kinase inhibitor is approved if one has already been given to the patient. So that was really the reason that she built our scaffold, which is essentially the way the molecules are designed, again, with an idea of making them smaller, still being able to bind tightly, which is important, but being able to overcome these resistant mutations.

And so that was the way that I would describe the company being slightly different than others that have approached tyrosine kinase inhibitor development. Having said that, when you look at our lead asset, repotrectinib, this is not a drug that should only be given to patients that have had a prior tyrosine kinase inhibitor. The data that we have in patients that have not had a prior TKI, specifically for ROS1 non-small cell lung cancer, the response rate is over 90 percent, 10 out of 11 patients that we've treated. And so it's a very high number. And I think again, it resonates with our story of having a smaller molecule that is more potent than some of our competitors that's translating into clinical activity. And so that's how I would say that the company has differentiated versus others that may not have necessarily gone after treatment resistance, or even specifically, one or two specific mutations.

Taren: Wow, that's great. Those are really encouraging results. So what's next? I know you're about to get on a plane to go to Taiwan. So what makes you there? What do you see your next hundred days looking like?

Dr. Countouriotis: It's an interesting time of the year because we kind of are looking at the things that we've already accomplished, but also what do we still have to accomplish? We've made commitments to initiate two additional trials. So we have a red inhibitor that IND has just cleared, and so that's our molecule called TPX-0046. Initiation of that clinical trial will then enable us to start dosing patients on our third clinical study with our third drug. So that's a key component for us to accomplish within the next 30 to 100 days. At the same time, we have a pediatric program that is starting with our lead asset from segueing back to what we were first discussing. The pediatric program is incredibly important to me. This is where we'll be able to dose children under the age of 12 with our lead asset, repotrectinib, and again, these are in solid tumor indications that are more common within children than lung cancer, let's say, for adult. So those are two key accomplishments prior to the end of the year. We have a fourth potential molecule that we will be bringing forward that targets something called ALK, which is also predominantly for lung cancer. That's getting closer to candidate nomination and so that's one additional goal that we hope to achieve prior to the end of the year.

For me, personally, our phase 2 registrational trial is ongoing now with our lead drug, repotrectinib. And we're doing quite a bit of outreach. This is partially the reason I'm going to Asia tomorrow. And I will be flying of course. And so my trip to Asia tomorrow, as well as a trip to Europe, in about two weeks, is really to just go meet many of the investigators that will be participating in that phase 2 study. We will utilize about 100 investigators, so 100 different hospitals. I've met probably about 30 of those hospitals, so I have quite a bit that I will want to continue to meet, and I think it's important. Again, I'm a physician by training, but knowing having been on the other side of the table, it's important to get to meet people within the company that really understand the drug, and to get you to understand kind of what we know before you start dosing patients with the drug. So those are two key trips for me prior to the end of the year as well as, as we said earlier, with my children, being able to spend some quality time over the holidays.

Taren: Absolutely. I love that duality that you speak with. It's the physician voice, but it's also with that financial and business acumen. How did you combine those? Was it a natural marriage for you?

Dr. Countouriotis: I get asked that all the time. And I would say that I am a physician by training, for sure, so I constantly want to figure out how we can get drugs to patients faster. Having said that, I don't know why, but some part of me was always watching financial television. And whether that was television at the end of the day about the market or stuff in the beginning of the day when the market open, I was always interested. I think I equally try to learn from each of the CEOs that I've worked with before because I've been a CMO much more than I've been a CEO. And I think I've had some very good mentoring in terms of people that I've been able to be around and kind of absorbed how they interacted with investors as well as how they interacted as leaders within organizations. And so I really just tried to be a sponge and learned potentially as much as I possibly could through CEOs that I worked with before, as well as board.

So I sit on multiple boards. I obviously am a part of my own board. And watching how board members also interact, I think is incredibly helpful for me, as I've transitioned more with, as you said, more of the business acumen lens. So for me, it was really trying to absorb every potential venue that I had to be able to think about where would I want to go next in my career, because I've been, again, lucky enough to bring multiple drugs, specifically with oncology to market, but how could I potentially even have a bigger impact. And I really do believe that this is the role that I've wanted to have for a long time, and now that I've been able to have the role, really be able to continue hopefully to progress in it. And I would just say I've, again, always taken the lens of two minds are better than one. I've built my team around me with folks that I know will continue to challenge me, as well as people that as I said before, I absolutely trust, many of them I worked with before. And so to me, it's a perfect marriage in terms of how this leadership team and specifically the executive team has been built with a lot of people that we spend time with, out of the office as well, because it's just a group that we want to continue to spend time with.

Taren: That's fabulous. And it does feel like you're building a family of really committed folks to move the science forward.

Dr. Countouriotis: No matter what I would say that that's even trickles within the organization. I can't begin to tell you how many times I've had half the company over to my house in the backyard for a barbecue. I enjoy being around the people within this company on so many levels. We work very hard together. We all have a common goal, bringing medicines to patients. But I think in many cases, we have the same lens which is we're committed to our careers. We're also critic committed to our families. And so it's very infrequent that I don't know most of the folks within the company as well as their extended families and/or their children because we spend a lot of time together.

Taren: That's wonderful. You know that you are a role model, right? And that's something that you can acknowledge. What does that mean to you in terms of setting the stage for the next generation of leaders to come?

Dr. Countouriotis: As I've progressed, I've become more and more comfortable with that. Thank you for the acknowledgement of the title. When I was on television last week, I had multiple employees that emailed me immediately. And that is what made it. I personally am not usually motivated to be on television over and over, but if that helps some of the employees within this organization see that somehow I've done it and I've done it with all of your assistance and I'll do it as much as I possibly can if I'm given the venue, that's to me the role model aspect and that I'm hopefully living what I've shown them in the office, which is, I'm going to work very hard for all of you and I said that the very first time, I did an all-hands meeting when I became the CEO. I essentially said, I'm going to work my butt off and I might have used a slightly more aggressive word than butt, but I said, I'm going to work my butt off for you as we continue to build this company, I promise. And so for me, that's what I continue to

live by. And again, if there's scenarios where the employees get motivated by something that I've done, then I've done my job.

Taren: That's fantastic. You know, it's okay to be a badass, right?

Dr. Countouriotis: Well, since you just said ass, yes, I think I said, I'm going to work my ass off for you now that I have this role. Yes.

Taren: And I love how they've responded, obviously, it's working, just based on the numbers that you shared with us earlier. You touched on something just a minute ago, and it was about sitting on boards. And I know that's a particular interest to a lot of executive women now, but I also know it's very hard for those women to get onto boards. Do you have any advice you can share with our listeners, some best practices or things you learned along the way that could help them achieve what's the next goal for them in their careers?

Dr. Countouriotis: It was a huge part of what I wanted to do next, as I transition from CMO to the CEO role was to join boards. And I really lead with the lens of what did I know that I did well, and what I knew that I did well was I did drug development well, whether that was predominantly with oncology. I've spent a little bit of time within gene therapy as well. I knew that that's where I could add value. And so was that a board that maybe did not have positions, did not have positions that had oncology experience, maybe didn't even have a CMO yet, or in the situation like I am in which is a first-time CEO, I kind of gravitated towards those board positions. In California, there's no rule in terms of how many women should be sitting on each board, so there's plenty of companies that are looking for women that have had either whether it's experienced onboard or not, but have had experience enough potentially on the finance side, or on the development side, or even a commercial side as of getting closer to commercialization. Those roles are out there.

I think the key would be making sure that you sell what you know you are good at, and that's what I was trying to do, which is fine boards that I really thought I could add value to. I do not think personally, I would add as much value to, let's say, a diabetes board. I'm not as in tune with that area of medicine as I am in other areas, and so I've lead with my strength. And that to me was again, I think, a story that resonated to the boards that either approached me or that I approached to potentially join. I think equally, now that I've been a part of two IPOs, looking again as what is your strength, now as a CEO, I've been able to bridge from a private to a public company twice. And so that's an additional level of expertise, let's say, that I have now that I might not have had a year ago. So now I look at potentially boards, and boards are looking at me as a potentially different dynamic than the physician who understands drug development now, I'm the CEO of the best biotech IPO of the year. And how can we be that company? What did she do that we can learn from? And how did she do it without a CFO? That's really the story that I think is now resonating as boards approach me?

Taren: That's fantastic. That's fabulous. Thank you for sharing that. So let's talk about what drives you in terms of your leadership style? I get a feeling that you're very open door, and you really provide a lot of aspiration to your employees, but beyond that, how would you describe yourself as a leader?

Dr. Countouriotis: Well, my door is almost always open, so it's funny that you said that it's only closed right now because we're on the phone chatting. Yes, you're right. I mean, my philosophy here is, it really doesn't matter what role people have within this organization. First of all, every single person's opinion matters. I think there are the scenarios that of course, I am asked to make a decision. And my style is when asked, of course, I'm going to make the decision. And I very, very rarely look back. I very rarely look back in my personal life as well as professionally. We will all make mistakes. But I am not one that pontificates too long, I get a lot of opinions and a lot of input initially, and then I make the decision. And I think each of my team members, I try to go to them as well and just honestly say, what would you do? What would you do? If this was your decision, what would you do? Don't look at me to make the decision for you. What would you do? And I think most of the folks again, that have worked with me for many years, that was the style that I had before, which is really in many ways, I think independent leadership style, but at the same time, I'm here for you if you need me, please come to me. But otherwise, I've hired you because I trust you, I value your opinion, and I know that you can contribute. Otherwise, I wouldn't have brought you into the organization.

And so that to me would be kind of how I think of myself in the role. What drives me is, it's interesting, as I said earlier, I'm not great at slowing down, I do things relatively fast, and most of the feedback I've gotten most of my life is, slow down a little bit. And so I try. But I'm driven on many levels. And just that I have seen some very sad things happen to people really for, really unfortunately no reason, and that could be a child diagnosed with cancer or other things that I saw when I was in the hospital. And so I really look at every day, being incredibly precious. I find ways to be around people that I really want to spend time with, even if it's a short period of time, because I really do look at this life as being incredibly short. And so what kind of impact can we have each day? And that's whether I'm here at work or again with my kids at the end of the day, the same idea.

Taren: You've had so many career highlights. Can you pick one for me that you can identify is your wow moment? It might have been a moment that changed the trajectory of your career. It might be one that provided significant impact. It might have been a small moment that just touched you personally.

Dr. Countouriotis: This is one of the benefits of Facebook. So a wow moment for me is, I'll go back to when I was actually in academics and I was a fellow. And so this is many, many years ago, a brand new baby was diagnosed. I was at what was called Seattle Children's Hospital, and this brand new baby was born at University of Washington. And the belief was that the baby had what's called sepsis, essentially a blood infection.

The baby didn't have sepsis. The baby actually was born with leukemia, which is incredibly, incredibly rare to have infantile leukemia. This baby was brought to me and essentially what we would classify the physical appearance as blueberry muffin spots. What that means, blueberry muffin spots means that the baby really did look like a blueberry muffin and that she had many little blue dots all over her body. And what those blue dots were, were her body trying to make blood cells everywhere else outside of her bloodstream as well as her spleen because she has leukemia throughout her body. It's something called extramedullary hematopoiesis, which basically just means blood being made in many places it shouldn't be made.

[inaudible 36:16] the baby is now there and this is not a scenario that you see very often, let alone maybe in your lifetime. And this baby, we gave very little doses of chemotherapy, but really was not sure what the outcome potentially would be. It just so happened that this baby had an older sibling that was, I want to say, her older sister was maybe about 3, and the older sibling happened to be a full match for her bone marrow. This was the youngest baby at that point that the hospital in Seattle had ever transplanted. So we transplanted this baby after we brought her into remission at 6 months of age. And I'm happy to say that I watch her on Facebook and she's now a teenager. That's, by far, the wow moment.

Taren: Wow! Yeah, I have chills.

Dr. Countouriotis: Yeah, it's a great story. I mean, it's a great story, one, because I get to see her growing on social media. I really do... I mean, I know everything about the parents and the subsequent children that they've had. And again, it's not anything related to my "role" as a CEO, but it really did drive me into this role and why I've continued to pound the table for pediatric drug development, too, because here I was, to some extent, experimenting with small doses of chemotherapy because it's such a rare situation to be in. And so I've had many other moments in terms of bringing drugs to market and seeing patients that have done very well with the drugs that I've been able to bring to market since leaving academics, which is just as gratifying. But the real wow moment of my life is absolutely that baby.

Taren: That's amazing. Athena, thank you so much for sharing that really personal story, and I am sitting here with chills. I think that's awesome.

Dr. Countouriotis: It is a good story. I mean, it's not again, the scenario that happens for everyone, but that's one of the things. I mean, pediatric oncology is predominantly an area where children can do very well, children can live, and children can live meaningful lives. And this is unlike what we hear about the devastation with lung cancer, which is one of the main reasons I think that this company, again, is something when we look at our platform and a lot of our platform is focused on lung cancer. Unfortunately, it's still the number one killer outside of heart disease when you're looking at oncology. So how can we continue to make progress here? And there's been a tremendous amount of progress with immune-oncology agents, etc. But when you look at pediatric oncology, for the most part, children are diagnosed with a few different diseases, and if it's predominantly leukemia, those children can do very well, not

necessarily though the rare infant. So for this child to be in her teenage years now and for me to be able to see her on Facebook with her beautiful bright red hair is a great memory for me.

Taren: That's great. Thank you for sharing again. And I can't tell you how much I thoroughly enjoyed our conversation. Thank you so much for being part of our WoW podcast program, and we would love to be able to tell your story.

Dr. Countouriotis: Well, thank you so much again for having me. Thanks for all of the additional questions at the same time. I really, really appreciated the conversation. So thanks for letting me have it.

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