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*In this episode, Taren Grom, Editor-in-Chief of PharmaVOICE magazine meets with Dr. Jill O'Donnell-Tormey, CEO, Cancer Research Institute.*

**Taren:** Dr. O'Donnell-Tormey, welcome to the WoW Podcast Program.

**Dr. O'Donnell-Tormey:** Thanks so much Taren. It's a pleasure to be here. Thank you for having me.

**Taren:** It's our pleasure indeed. You have been the CEO of the Cancer Research Institute since 1993 and you have, no doubt, seen some incredible changes during this time in terms of how cancer is treated and treatments that are being developed. Can you share what are some of the most memorable milestones you have been involved with during this time?

**Dr. O'Donnell-Tormey:** Sure. I think one of the biggest deals obviously is in general to see the fact that cancer immunotherapy has now become standard of care for cancer patients. The Cancer Research Institute has been dedicated to the field of cancer immunology since its inception in 1953. So I think to see that we've had this long vision and support of the field and really funded some of the seminal foundational discoveries that have led us to where we are today I'm thrilled. And I guess in that vein the two biggest things would be the approvals of Checkpoint blockade that you realize that there's a way to control your immune system by taking the brakes off and allowing your immune system to do what it's meant to do and that this proved very effective in certain cancers. And then I think we've also seen CAR-T cells as another form of immunotherapy that has also received FDA approval in having very significant responses in B-cell leukemias and lymphomas. So I think those are the two biggest things in terms of impact on patients, and I'm very proud that the Cancer Research Institute can take credit for getting the field to where it is today.

**Taren:** That's awesome, and the field is exploding. We're seeing scientific discoveries happening almost at a breakneck speed at this point. Every week there's something new that comes out and that's also got to be very exciting and give hope to so many people who are affected by cancer.

**Dr. O'Donnell-Tormey:** Well, certainly. I think that it is true. You turn around everyday and there's another FDA approval for some immunotherapy or a combination immunotherapy for a different cancer type or a cancer type in a different stage. So extremely gratifying to see that because the goal of our organization has always been to help develop and fund the production

and development of immunotherapies that'll impact all cancer patients. So that's really what we're here to do and it's phenomenal that you can see that science is getting us there.

**Taren:** Excellent. Let's delve in a little bit deeper into that. You had stated that CRI is a global leader in supporting and coordinating research aimed at harnessing the immune system's power to conquer all cancers. This is a huge and awesome responsibility. How does CRI work with its partners to achieve this goal and how do you work internally as well to move the science forward?

**Dr. O'Donnell-Tormey:** I'll start internally. We're not a big organization. We only have 30 people. We're also a public charity so we raise our operating budget each year. So that means we have a lot of people do many different skills. They wear many different hats and we try to be as effective as we can as an organization so that donors dollars get to go where they're supposed to go to support research and to get the maximum impact from every donation. So that's internally.

Externally, I think we've come to realize that no one can do this alone. Developing a new form of treatment for cancer that can impact all cancer types is, as you said, a huge objective and a huge goal. And I think we know that our greatest asset are our scientists, so we're very proud of supporting scientists all around the world at all different stages of their career. We fund also projects that are in the lab all the way up through the clinic. And that said, we also collaborate very well with other organizations outside the Cancer Research Institute with other not-for-profits and other pharmaceutical and biotech companies because this requires a... you need everyone to work. It's not just a single point. It's that they have to get from the actual scientists making these very basic discoveries, translating those discoveries into use in clinical trials and then getting products produced and manufactured and distributed to patients. So you need everyone. You need the academics, you need the not-for-profits, you need the pharmaceutical companies and most importantly, you need patients. This is all about patients and nothing gets to patients without clinical trials, and we need patients to enroll in clinical trials and be part of helping to design them.

**Taren:** Absolutely. And we're seeing recently clinical trials are really in the news in a way that they haven't been before given the state of where we are with the global pandemic. Are you seeing increased interest from patients to participate in clinical trials because of this increased visibility?

**Dr. O'Donnell-Tormey:** Well, I think that the general public probably really needs to be educated about clinical trials. I think there's a lot of misconceptions about them and I think we're very proud of what the Cancer Research Institute has done with our virtual patient summits, which was where we – prior to the pandemic these were held in person in various cities around the country, but just this last weekend we held our first virtual patient immunotherapy summit. And this is a way to bring to patients and their caregivers information directly from the leaders in the field, from the oncologists and the scientists who are right in the center of cancer immunotherapy, and we spent a lot of time at the summit educating patients about what is a clinical trial and why you should join it.

I think data shows that only about 4% of eligible cancer patients actually enroll in clinical trials and patients have to understand that this is a critical point in the entire spectrum in getting medicines to people. And it is a way to finally get patients can get cutting edge treatments that wouldn't be available otherwise. They're also providing valuable information from patients that come behind them, and it is the only way we can figure out how to develop better treatments for patients.

So it is critical. I think patients are coming to realize – I can't say that I can say that there's been a big uptick. I haven't seen those stats in terms of people enrolling in clinical trials, but certainly as more people talk about clinical trials and realize what's happening with developing vaccines for COVID, that they realize it is a critical and important step that is necessary in terms of advancing the fields and helping patients.

**Taren:** Excellent. I didn't realize only 4% of cancer patients participate in clinical trials. That's huge. Is part of that education also educating investigators and oncologists to make clinical trials a part of care? Why is that number so low?

**Dr. O'Donnell-Tormey:** I think there's multifaceted reasons why it's low. One is that I think patients many times think of themselves as guinea pigs when they go into clinical trials, and that is not the case. And many times they think they're only going to get a placebo and many clinical trials, especially in the immunotherapy space, patients aren't getting placebos; they're getting whatever is the best standard of care at the time, or potentially a new treatment.

Again, people have to understand it's experimental treatments. You don't know if these are going to work or not, but they're based on science. To get these drugs into clinical trial has taken many years and many data points that would suggest there was reason to believe that this may be an effective new drug or a new combination.

I do think you bring up a good point. The medical field and science in particular, and especially in cancer immunotherapy, is moving at such a rapid pace that it's hard for even investigators at major academic centers to keep up with all the data. So think about private physicians in small places and small towns and small hospitals, they may not be aware of the clinical trials that are around there. And that's one reason why we've decided to educate the patient and their caregivers so that they can have an intelligent conversation with their personal physician to say at least just bring up this topic; is a clinical trial something potentially with us?

And on top of that, we also do at the Cancer Research Institute offer a free clinical trial finder for cancer immunotherapy specifically so patients can go to our website and they can actually talk to a patient navigator and find out if there might be an immunotherapy clinical trial that would be appropriate for their stage of cancer and whatever treatments they've had before and they can then bring this information back to their physicians and begin a discussion.

**Taren:** Excellent. Thank you so much for that. I know the work you're doing is so important to educate patients and their caregivers. So, kudos to you. Let's talk about the immunotherapy

field. You have said that it's here to stay. Why do you think that this is the future of cancer research?

**Dr. O'Donnell-Tormey:** Well, I think we're at a time in the history of cancer therapies that we've never been before. We now certainly have proof of principle that that in the right patient and at the right time immunotherapies can be almost miraculous. Take a person that has had late stage cancers that have failed all other treatments, they'd be put on an immunotherapy and they end up having almost miraculous response and a long and durable and may I, in some cases potentially, say cure.

So this was not the way it was even 15 years ago. So it was always a hypothesis that we could capture the power of the immune system and use it as a treatment for cancer. But now I don't think any medical person or medical person in the field would say that the immune system cannot be used to treat cancer.

That said, we're only at the beginning. It does not work in every cancer patient yet. It doesn't work in every cancer type. But because we have a group of patients that do respond very well and unfortunately have a group of patients that don't, you now can ask questions you never could ask before.

So I think we are at the point in technology in our understanding of the immune system and the mechanisms of how the immune system interacts with cancer that we can ask questions, as I said, we couldn't before and really interrogate these precious patient samples of patients that have been treated or not been treated and really understand what is the difference here, what is happening at that tumor site so that we can dissect out and figure what is the defect in the immune response to cancer in the patient that didn't respond to this treatment. And by knowing that and knowing and understanding more about the immune system, we potentially can intelligently come up with combinations of different drugs that might be able to turn this non-responding patient into a responder.

So I totally believe that we know it can work and we just have to learn more and certainly support more research to understand how we can get it to work in everybody. But I truly believe that it will be potentially usable in every cancer type eventually when we get smart enough to know how to use it and that it will become a backbone in cancer therapy.

**Taren:** That's fantastic. Thank you so much Doctor. And at the same time as we look at the field of oncology over the last 10 years or so, it's moved from being this broad field of oncology to very specific cancer types based on advances in science as well. So I would think that also is it added level of complexity maybe, but it's also an added area of precision medicine in a case, like really getting down to what that tumor type is and again, that sophisticated kind of way of looking at cancer and that has to be also something that you all are looking at.

**Dr. O'Donnell-Tormey:** Certainly. I think you're definitely right. I mean cancer is a very complicated entity, and it's also not static. But I think that's what makes it so intriguing that your immune system is perhaps the best weapon we have against it because the immune

system is not a single drug. It is a system made up of many different types of cells and many different types of molecules that these cells produce to communicate with each other. So it's a system fighting a system, and I think that gives you better odds here. But you're right that the future and I think the future will be personalized immunotherapy.

We certainly know that in any cancer treatment right now one size doesn't fit all. Just because you have breast cancer, not every breast cancer is the same. Not every colon cancer is the same. We need to identify these subsets of different types of a particular cancer type and be able to identify that at the beginning of diagnosis, which could really inform and direct what is the best option to get – what treatments or combinations of treatments you need to put together that would have the best chance of success in that particular subset of cancer patients with that cancer type.

And so in the future I really think that we will have to personalize. We know that every person is genetically different. Every cancer is different. Their immune system is different. And it is dynamic, so we really need to understand and I think that's where the future is. Everyone talks about getting biomarkers and trying to figure out what are the biomarkers that we can figure out what this patient – this individual patient – needs and what is the individualized treatment plan we can put together that could be most effective.

**Taren:** It's exciting times and especially when you add in the additional layer of AI and machine learning to help process all this data because it's a lot of information for doctors to go through and understand as you said earlier. So we can really see some leaps and bounds through adding in some part of technology to this, I would think, as well.

**Dr. O'Donnell-Tormey:** Again, definitely. This, especially in doing genetic analysis, the amount of data that gets generated from a single sample is more than a person could just analyze. You definitely need computational abilities and the way to analyze big data. And it is only with big data sets that you can really sometimes come up with the answers. And so that is certainly the future. Technology is something that I think is enabling us to be where we are at this point and will continue to affect the fields and make these step changes.

It's one of the reasons why CRI has actually over the last few years instituted a new grant that's called the Technology Impact Grant because we've really seen that it is technologies that really can affect these major changes, so it's an important area of research to certainly support also.

**Taren:** That's awesome. When you talk about what the mission of CRI is and how you bring that to life for your employees and the cancer community at large, I hear a lot of passion in your voice. How do you embody that for your community?

**Dr. O'Donnell-Tormey:** When we work at the Cancer Research Institute obviously it's not-for-profit. So I think all not-for-profits track a certain type of people, the people that really want to give back and in most cases as a cancer charity, most of the people we employ have been in some way impacted by cancer, as almost everyone has, but I think they become passionate

about it. So I think the thing that brings it home that you feel like you're kind of doing God's work and helping people is when you see these amazing patient stories.

We've been able to capture as immunotherapies have become FDA approved and how more people are going on clinical trials of immunotherapies, we have captured people and patients that have gone through the process, been treated and telling their stories. And it is those stories that I tend to like to play these stories at the beginning of my board meeting every quarter so that our trustees can say this is why we do what we do and we know – and they appreciate that it is only from the support of research and having this longstanding support in a very specific field, it's a narrowed focus, but by doing that I think our dollars are having impact and you see this is the fruits of all our labor when you see you're saving lives. I think that's what makes us all continue to do what we do.

**Taren:** I got goosebumps there when you were talking about the patient stories because it is all about the patients as you noted earlier and bringing those stories to life is so impactful. Let's turn a little bit to your leadership style. I'm curious, what is it like to be the CEO of a global nonprofit organization and when you have to deal with maybe sometimes you're the *n* of one in a room when you have to talk to different constituents to raise money, how do you manage that?

**Dr. O'Donnell-Tormey:** I've been at the Cancer Research Institute for almost – it'll be 34 years in January and certainly I have been just blessed to work with the people I've been able to work with over the years, from the people on my staff, to the amazing scientists who are the head of our – the group of our scientific advisory council are phenomenal and our board of trustees who give so much and help us raise the money, which allows us to do what we do.

So I'm just honored to represent an organization that I know does things the right way. I think we really try to keep our eye on the goal all the time. We really do our best to raise the maximum amount of dollars that we can and to use those dollars in the most effective and efficient way that we can. So it's just an honor to do that.

As a leader, my philosophy is I think I lead by example. I am not one of these people that expect other people to do things that I wouldn't do. I always joke that when we did go to the office I am many times the first one in the office and I unload the dishwasher every morning and then I'd be the one to put the dishwasher on at night in the kitchen. I think that shows you want people to say you want to go the extra mile, nothing is beneath you, you commit to the job, you get the job done. I'm not a micromanager. I really trust the people that work for me and I expect them to get their jobs done. I think you have to value each individual employee.

I think another point is really giving credit. As a CEO, it's very easy to say I did this, I did that and take credit for what our organization has done. But I think it's really important to recognize the contributions that anyone that works for you have done, give them the credit and reward them for what they do. And I think that leads to a strong commitment to me personally and to the organization, and I'm very pleased that I have many people that have worked with me for more than 20 or 25 years. Some of them have started out as a temp, my original assistant who are



now directors of major parts of the organization. So I'm very pleased that I've been able to mentor those people and that they believe in me and they believe in the Cancer Research Institute to stay the course.

And of course, there have been those that I've trained and have gone on to great places in other places, but I'm proud of all of them. I'm just a very lucky person to be where I have been these last 30 years and to work with the people I have worked with.

**Taren:** Well, I think you're also very humble. You say lucky, but luck comes with a lot of hard work and determination and well laid plans and skills to get you to that lucky place. So keeping that in mind and you noted that you have a small staff of about 30, when you look to bring in folks to fill major roles, what are some of those qualities you look for in those individuals?

**Dr. O'Donnell-Tormey:** I always jokingly say and everyone knows at CRI that I say this – I never want to hire prima donnas. So I always want people to be willing to pitch in whenever they're needed. I expect people to come in, be committed to their work, work hard, do what they have to do but also be able to be aware. And I think the people that have succeeded and stayed long and had advanced at the Cancer Research Institute are those that have not stayed with blinders on and 'this is just my job and this is the only thing I do.' They're aware of what is happening throughout the whole organization and they step up to the plate and they see when others need help, they're willing to do it or they volunteer to take on more.

And those are the types – that's the attitude I look for. So it's a cultural thing. It's an attitude thing. I really call it our CRI family. I'm a very family oriented person and I'm very close to my family, but I feel the CRI family is a family, and I expect that kind of commitment and backing everybody up. And those are the type of people I look for. Of course, I also look for people that can write. That's also a skill that is important, so knowing that you have someone that can write and think are very important.

**Taren:** Absolutely. Do you consider yourself to be then a mentor and looking forward to that next generation? You've been there 35 years I would think – and I'm not saying you're going anywhere any time soon, but at some point you have to start to think about who are those – what's that next generation of leadership going to look like for the organization?

**Dr. O'Donnell-Tormey:** Yeah. I mean definitely. I mean it's one of those things I think about all the time. When is the right time for me to step down and how do you hand over the reins and after you've been at the place for so long and it's so associated with you, how do you keep it going. But as I've always said, there's nobody that's not replaceable and I say that over and over again. So clearly the future will be fine when I do leave and it will continue.

But I do say, I think I have mentored a lot of people. I think along the way, as I've said, I started people at first jobs out of college and I've worked with them and they want to take on more responsibility. I've given them more responsibility. And some of them have stayed on at CRI and others have gone off and taken jobs that are I'm very impressed at what they're doing with their lives.

So yeah, I think it's great to look back and say wow, I guess I have imprinted myself somewhat on some of these people, and it's wonderful when people do decide to leave and I get very nice thank you notes. I hope that's how everyone can always look at me. Everyone always wants to be respected and thought well of, and I try to do my best to make sure people feel the best value thing to do.

**Taren:** Absolutely. It's a lovely legacy to have, absolutely. o lovely. Finally, tell me about an accomplishment or a wow moment that either changed the trajectory of your career or enhanced your career.

**Dr. O'Donnell-Tormey:** When I think back, obviously half of my job is really fundraising even though it's the science part that I really love to do, but we need to do fundraising to be able to do what we do. So I think one of my biggest accomplishments is working with – I don't know if you know Chuck Feeney, he was the head of Atlantic Philanthropies that just shut themselves down. He was one of the first to say giving while living and has given away anonymously and written millions and millions of dollars, and I was able to forge a relationship with Chuck and actually was able to successfully get a \$20 million grant from the Atlantic Philanthropies, which again about five to six years later was renewed for another \$20 million. Those two collectively \$40 million grants I think changed the trajectory of the Cancer Research Institute.

I worked with a lot of people from our board and others to get introduced to Chuck and worked internally to writing a proposal of what we would do with this type of money, and it really transformed the Cancer Research Institute. It allowed us to initiate a clinical program. It allowed us to raise more money because I think it was the impetus they always wanted it as a challenge grant, so you have to put your feet to the fire and raise matching funds. I think I'm probably most proud of that in terms of what impact it truly had on the organization.

**Taren:** I would say that is a big wow. Congratulations. That's amazing. And I want to congratulate you too on all the great work you're doing very sincerely, and we look forward to more advancements coming out of CRI. I can't thank you enough, Doctor, for spending some time with us today.

**Dr. O'Donnell-Tormey:** Thanks so much, Taren. It was fun to talk to you and it was a great conversation. So thank you.

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