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In this episode, Taren Grom, Editor-in-Chief of PharmaVOICE magazine meets with Ryan Pack, Global Head Diversity in Clinical Trials, Science 37.

Taren: Hi Ryan, welcome to the WoW podcast program.

Ryan: Hi Taren. Good morning. How are you?

Taren: I am great. I'm so delighted that you're able to join us for this episode. You really are sitting in a position of awesome responsibility and one that is more important than ever. Can you share a little bit about your journey and what led you to your current role?

Ryan: Absolutely. I'd be delighted. What brought me to this space is really the infusion and input of so many people who contributed to the person that I am and inspired my zest for life, passion for science and business and truly the heart of the community in making a difference.

If I could share a bit more, I'd say it started with my great, great grandfather who truly inspired me and living the American dream and proof of if you can have at least a glimmer of possibility it opens the doors for generations to come.

My great, great grandfather actually purchased a farm in 1888 that is still in our family to this day and as a result of that decision and that farm and the support of his community to purchase that farm, it sent over 300 of our descendants to college and I'm one of them, a direct descendant. And what that did for me it really changed the game on being a third generation proud graduate of Kentucky State University, which is a historically black college and institution, and I'm a scientist by training. These institutions produce so many folks like me, roughly 46% of all African-American women and people of color that come through the ranks that are produced from HBCUs and they make up a small subsection of our university population, but it gave me such a great foundation to (1) believe in myself, develop a confidence, really connect with legacy and roots, and it gave me power to know that if folks in the 1800s to the 1940s could make a difference in science and in the world, by golly, I could do so as well. And I'm here to kind of help share that story and message and that's truly what inspires me and my core to want to do more, especially in such a time as this where we've got health inequities and disparities. And I want to share that there are folks that are here, that are making a difference, and clinical trials is truly something that's near and dear to my heart and I'd love to share a bit more, Taren.

Taren: Please, I am so inspired by your story. I would love to dig in to your great, great – what was your great, great grandfather's name?

Ryan: His name was James Coleman. So James and Lucy Coleman are the ones that purchased this farm Coleman Crest that is still in our family to this day. We host all kinds of events and I've got a great cousin Joan who's doing a lot to revitalize it, but it's still here to this day and so many of us have come from it to make a difference today. I'm living proof of the American dream.

Taren: That's amazing. And I love that that when there's a glimmer of possibilities, it provides a future for generations to come. I just thought we need to give great, great grandfather a shout out there, so thank you James.

Ryan: Okay, James and Lucy. Yeah.

Taren: Yeah, James and Lucy. Awesome. And certainly, let's talk about your scientific background and the intertwining of all these passions that had made you uniquely you. So tell me about the science background.

Ryan: Absolutely. So I always passionate about chemistry and science that as a child I had a chronic condition and it was truly my pharmacist that gave me hope when times got tough and that really spurred my interest in wanting to do a bit more. Personally, my family they actually participated in a study that was a result of an indication that affected millions around the world and as a result their population – of their participation rather – it really helped to bring new medicines and technology to help eradicate that condition.

So I'm living proof of the fact that when folks are asked to participate, they actually will and I credit my parents for having the courage to enroll their children into a study. I just want to get the word out that actually folks do participate, and as an African-American woman I'm living proof of that. So I think when we can bridge those divides and bridge those gaps it can make a difference in a meaningful way, and that's what I'm here for today.

And so my background, I had a great opportunity to work a bit in technology and also in the space from operations and to commercial type roles and strategic leadership roles, and I'm so excited and thrilled to be at Science 37 now where I give a lot of credit to the executive team for having a focused vision and to David and the whole leadership team for making this business unit a reality where we can really do something meaningful to change the game of diversity in clinical trials. And even more excitingly we created the first of its kind foundation from the industry to really focus on Diversity in Clinical Trials. That is the name of the foundation, that's the mission and it's exciting to be at the forefront of such an exciting time to do something about an industry challenge and we are putting resources, time, attention and talent to change the game.

Taren: Let's talk about that foundation a little bit, and it's called The Diversity in Clinical Trials Foundation just to reiterate. So tell me what the mission of the foundation is, who you're addressing, who belongs to the foundation, etc. if you don't mind.

Ryan: I can speak a little bit about it, Taren. So the mission of the foundation is just as it sounds – to drive diversity in clinical trials. It’s a grant-based organization meant to fund research, projects, programs that truly move the needle in this space. We are in the process of we’re working on the infrastructure and all the remaining pieces but we have committed funds. We’re soliciting more. And it’s exciting that this is going to launch in its full robustness post-IPO.

So that’s what I can share for now, but it’s truly focused on this mission. We look forward to collaborating with our community partners, pharma partners, sponsors and others to make this a reality so that way with no longer lip service, but we’re taking meaningful action to drive change in this space.

Taren: That’s awesome. Ryan, I talk to a lot of folks who have an interest in looking at this area that is so desperately in need of talent and resources. Is it going to be separate from Science 37 or will it be tied to the company in some way?

Ryan: Correct. So it is its own standalone entity. It is going to operate on its own merit. I am just proud to share that Science 37 is one of the largest funders of said foundation. We’ve provided talent and time to try to build out the infrastructure, but it will be its own separate entity, and I’m excited of what’s to come in the coming year in the first half of 2022.

Taren: Excellent. So listeners watch for that and watch for that launch, and I would encourage everybody to jump in with both feet because it certainly is an area that is in desperate need of correction. You were kind when you said it was a challenge, but I think that we need to have a whole shift.

Ryan: Absolutely, and many hands make light work, so the more of us together in tackling such an urgent issue I think we can see results sooner rather than later. And heck, if we put a man on the moon, I think we can drive diversity in clinical trials.

Taren: Let’s hope so and I agree. I think you said something earlier too about lip service and it’s time for there to be more action and less talk and more action. So I know that there are quite a few like-minded individuals out there who will be no doubt be in touch with you. So stay tuned. I hope you get some great fan mail. So when we talk about addressing racial equality and healthcare and the life science, obviously it’s so important. Talk to me about how companies can start to convert those conversations, that lip service into action. I know you’re working on a foundation, but what are you doing within Science 37?

Ryan: That’s a great question, Taren. I mean first and foremost, I think it starts with a vision from the executive leadership. I think some of the things that have occurred recently as we’ve seen in the broader environment with Wall Street and SCC saying that more diversity needs to occur I think it starts at the very, very top, the board included. And I think with the senior leaders all galvanized around this idea, organizations can make meaningful change.

Now, in the circumstances where that isn't the case, I think it's everyone's responsibility now that we're aware, because awareness is first and foremost, right? So now that we're aware that this is an issue, this is a challenge, we can no longer sit by the sidelines.

So a couple of key things that I recommend that organizations can do and that what we're doing here at Science 37 we've taken the executive initiative. We've got the vision there. The second component to that is making a data driven decision to do something about it. And one of the things that we did to help us focus our business unit, to focus our time, our talent, our energy, our resources in driving meaningful change in this space is we looked at what are the disease states and therapeutic areas that are disproportionately impacting people of color and from underrepresented populations. And with those insights that we have gleaned with our epidemiology team and analysts, we've been able to drive actions and plans that are built on scientific proof of these are the things in the areas that underserved populations need support in first and foremost.

The other component is we need support and bringing the patient voice to the fore, so really meeting patients where they are. And at Science 37, I think we've been able to do that with the technology platform, so bringing trials to patients where they are and meeting them there. The other bit as well is to really use the patient voice to help us create better protocols, inclusion-exclusion criteria that can meet the needs of the populations we wish to enroll.

It's also concerted effort and looking strategically at the sites and the investigators and who we're collaborating with that have these trusted relationships. We'd be remiss if we ignore that important facet, and the data shows if we make connections with the folks that have the trust, folks are willing to enroll. I'm living proof of it. My family is proof of it. And that's just anecdotally speaking, but when we're looking at some of the data and publications, folks are willing to do it if they are connected with providers.

So I would say it starts with senior leadership engagement and focus and vision of what it means and galvanizing around that and having accountability measures in place that are disseminated through the organization. It's making sure that we bring data into the discussions so that we're making data driven decisions as far as where we're investing time, talent, resources to drive meaningful change and health disparities in therapeutic areas that disproportionately impact them. And also making sure that the research we're funding we're writing it into the protocol to make sure that we've got stratification in place, that everyone is aligned on what that vision is so we can actually meaningful progress and impact it.

The other part too is partnering with these communities. We can't be in our ivory towers. We got to get out to where the providers are. We got to get to where the patients are. We got to work with these organizations, the community groups, the advocacy groups, the patients themselves and going directly to them to make sure that they're educated, they're informed and that's where we can really drive meaningful change. And all of those together in the end of the day we're human beings. So I know that people are choosing with their time, their talent, their dollars to serve organizations, collaborate with organizations that make this a priority, and

it's not just the societal right thing to do; it has a massive impact as well on our ability to maybe perhaps enroll studies faster.

We're seeing that in some of our trials. We actually are going directly to these PIs and communities that serve underrepresented populations and in one instance, for example, we over enrolled the study with LatinX Hispanic populations because we had the right connections, the right partnerships and we were talking with trusted individuals that helped us in an oncology trial to accelerate enrollment. So we see it, proof is in the pudding, we can do it, but it takes a concerted and focused effort to do so.

Taren: Wow Ryan. So that three-pronged approach, and I have to say you hit on every single one of those points. It is just so important. Have you seen some demonstrable differences by enacting in all these three areas in your own company and how – have you seen improvement? Are you seeing the needle move?

Ryan: I am. I am seeing the needle move. I think that this was a great hypothesis that our executive team had, that if we were to dedicate a business unit to it, if we could align our employees and galvanize ourselves around the idea of it's the right thing to do, and we're here as disruptors. That's what our organization is built on is how can we disrupt the industry and challenge what it means for enrollment timelines. What does it mean to actually go directly to the patients? What does it mean to reach across the aisles and work with physicians and practitioners that maybe don't have the opportunities because research opportunities are sometimes retained by those that have been doing it for so long that have all of the resources, that have all the publications, so what would happen if we partnered some of our seasoned PIs with some of these folks that want to break in. We make concerted efforts to reach out and go to them. We are seeing a difference and we're seeing it with three times more diverse enrollment by default in our studies. We're seeing it with faster enrollment speeds and we're also seeing it with some anecdotal information from some of the patients we serve of the ease of participation, not having to take off work sometimes and having flexible hours to have their questions answered or having the physician in the home, anything we can do to help improve the overall experience and take it directly to them, that's what we're committed to doing and those are some of the differences that we're seeing.

Taren: That's fantastic and congratulations to you all. I think we've all in the industry most of us have recognized that this is an area that needed to be addressed, but in light of COVID it really shown like a spotlight, more than a spotlight – a huge, huge area of concern. I hate to ask this question, do you think that we can – that there's going to be a tendency to slide back if we get through COVID. I mean there's so much attention on this right now; I hope the momentum keeps going. How can we guard against slipping back and saying oh, we got this diversity thing handled, we can move on from it. What can we do to make sure that doesn't happen?

Ryan: Well, I think that it was the beauty of COVID as you alluded to. COVID is definitely something that is just so painful on some levels, but there were also some hidden gems that came up as a result that forced our hands as an industry to think about things differently, to embrace technology in ways that we haven't before. And I really don't think that there is any

going back as far as the technology aspect is concerned. And I think the fact that folks are getting more access, that there are programs in place, that was one of the highlights that we've seen is the digital divide way. And now that infrastructures are being built, broadband access is increasing. People are using technology to connect like never before, I think that that is something that is here to stay. I think that we can support it by designing programs and trials that are more conducive to supporting patient needs.

I think in light of COVID we've seen that it's disproportionately impacted those that come from either the elderly population, black and brown population, less educated at times, looking at the different stratifications here, and I think that this is something that's impacted the globe. So I think that because of the global impact we aren't going back. And so some things that we can do is using our voices to continue to facilitate and foster change.

I think organizations and employees, consumers are doing their part as well because people vote with their dollars. So they want to support organizations that support them, and I think that it's something that's here to stay because consumers are more informed. They are looking at things holistically. I think employees are more informed and they're looking at things holistically. And I think that some of the things that we can do is taking our own agency as far as looking at what we can do to support this initiative where it doesn't fall by the wayside.

So I think it's aligning executive objectives. It's employees. It's patients. It's providers. It's everyone coming to the fore and noticing that things can change if we all come together and take agency on this. So I don't think it's going away anytime soon. I think this is something that people have embraced, and I think it's going to move forward.

Taren: That's great. I hear the passion in your voice, and I think when we have people like you with the vision, with the drive, with the talent behind these initiatives, I am so hopeful that we are going to continue to see forward momentum, and I'll be bullish with you, so thank you. You talked just about a second ago about people vote with their dollars, and your folks provided me with the stat which I thought was pretty illuminating. A survey says that over two-thirds, 68% of all consumers, and 76% of Gen Z and millennial consumers believe it's important to them that the companies they buy from celebrate diversity of all kinds. So really we have an opportunity for future generations to connect those dots for them and be part of the healthcare ecosystem in a more meaningful way because they are going to be voting with their dollars and putting their money with the companies that they believe in. That's important.

Ryan: Extremely important, Taren, and I'm glad that you mentioned that. The biggest thing that I believe consumers are asking for, especially folks – it was interesting that look at the survey as well, folks that come from diverse backgrounds, they are demanding transparency from these organizations, but the realness factor as well. Beyond the diversity piece, they need to see it's authentic, it's real. And with the advent of social media and being able to get behind the hood and now that people are communicating in ways not like never before, that is also like a policing factor as well to make sure that we keep this momentum going forward because there's no getting around it anymore.

And so I think it is absolutely important that organizations bear this in mind because if we want to stay relevant to serve the people that we're here to serve, we've got to keep it at the forefront and not lose sight of it.

Taren: Absolutely. You also touched upon the importance of technology and your organization is involved in one of the hottest topics right now, decentralized clinical trials (or DCTs), and so we talked about that digital divide. How can DCTs narrow that gap and part and start to level that playing field for clinical trial participants?

Ryan: Absolutely. That's a great question. With DCTs we're really trying to empower patients and taking agency and their own healthcare and bringing the trials directly to them. One of the biggest challenges has been access and education. So with the DCT model we still have human beings at the end of the day. So it's working across the lines with our trusted partners making sure that at the communication reflects the audiences that we wish to serve, and that's one of the great things that we do here is we're looking at the lens of the different communities to make sure that the voice, the messaging aligns with who we wish to serve so that way that message resonates and it encourages them to participate and they're able to access and understand that information in ways that matter to them. So making sure that things are translated and in ways that they can receive.

So some of the ways in which we can support that is collaborating with the folks who are making sure that there is broadband access. So making sure that we no longer have technology as the barrier, but we're also seeing that there's a large respondents as far as folks of the elderly population who have embraced technology and again, that gets back to one of the hidden gems of COVID is that with this newly connected world in where we all are trying to navigate the uncertainty we still want to connect. So technology has been a great enabler, and I believe the fact that decentralized trials can help serve the vehicle of that enablement, it just enables us to bring the studies to them in a better way, faster ways and in a way that consumers can digest and see as they make their educated decision as to whether or not to participate.

So I think aligning ourselves with community partners that have made strategic investments in these areas, we are talking with large national civic organizations that serve these underrepresented communities, so coming up with target strategies where we can support the millions of people in which they serve and in bringing this information and technology to them. So basically meeting patients where they are is really the beauty of what DCT offers. And I think the fact that we've got people and teams dedicated to making sure that we don't lose sight of that and that we're bringing that to the fore, it is crucial and key in ensuring adoption, if you will.

Taren: Absolutely. I think that you touched on a couple of really important points in there and it goes back to an earlier comment you made about being where the people are, where the patients are and working with those sites in those investigators and in figuring out what that community involvement looks like. And I think that's been one of the missing linchpins through this whole process up until about now. I think there's been some targeted initiatives that have been some successful, some not so successful but now we're looking at it from a holistic

approach, and we're looking at it from a community health equity standpoint as well. So let's talk about that in terms of population health. How do you think those two are going to come together? Do you see that we're going to have to have some joining together between clinical trials and population health strategies?

Ryan: Taren, you raise a great point. Absolutely. Because I think one of the other gems too with COVID is that clinical trials have been talked about in layman's terms like never before. They're at the top of everyone's mind. And what we need to do with our community partners is dive into it and we can't do this alone. What we're talking about here is change management, and clinical trials are a part of the public health issue.

When we look at real-world outcomes of either serious adverse events that could have been prevented if we had additional safety and efficacy data, if we could with the advent of personalized medicine we need to make sure that the drugs reflect the populations we wish to serve. And so it's really a public health crisis, and it's one of just a small sliver of what we're looking at as far as the social determinants of health. How can we empower patients of diverse backgrounds to have better educated conversations with their physicians and providers so that way they're having the dialogue to participate in studies for example, but also take more agency in their lives and in their healthcare journey and perhaps with a holistic view and we're looking at everything from the poverty rates, education, access to care, internet and broadband challenges or access issues – we've got to look at everything in totality to really help us pinpoint the path forward. But it's not one without the other; it's truly everything.

Taren: I agree with you Ryan, 100%. When you talk about change management, and that's the most difficult thing. I think technology is certainly a tool, but it's getting the people to change their mindset, and sometimes these are hard conversations to have, and especially for companies that to have to look internally at their own practices to see where they are and how they operate. So some of the times it's harder than one might imagine. How can companies start to have those difficult conversations even amongst their senior management teams? You all figured it out, so what advice do you have for those listening?

Ryan: We didn't arrive here just in an instant. We're talking about one of the biggest things that impact human beings. We're reticent to change. Change is tough sometimes. So really it's everyone assessing where are they on the risk continuum scale. It's assessing and being honest of this is where we are, but not losing sight of where we aspire to be and having the dialogue and conversation.

I think it takes the crucial conversations, the tough conversations, a hard look in the mirror, if you will (the proverbial one) to say okay, this is where we know we're not, but that's okay and what's one action step that we can take that gets us a little bit closer or multiple or exponential steps that we can take that we're willing to do to help us reach the ultimate goal of having diverse datasets, of driving down clinical trial costs, of accelerating them and looking at how can we meet patients where they are to where patients are more informed, educated, to where it benefits all of us, and I think that's the big thing.

It's looking at things in totality and not just in individual segments. Being able to look at the sum is greater than the parts. I think change management is just not necessarily forcing things too hard; we've got to take things incrementally, step by step. And I think with a clear action plan, commitment from all key stakeholders of this is where we want to go, this is what we want to do and making sure we're all aligned, that's the other big thing too, and communication. We've got to close the feedback loop both internally with our organizations, but also externally with the patients that we serve. Patients want to know that what they're doing is making a difference.

So whatever we can do to bring more of these stories to the fore that your participation matters and here is why, and this is the impact that it's had, and the more that patients can learn from one another and have peers who have either participated in studies because people aren't joining them in vacuums. They're having the dialogue with their spouse, with their caregiver, with their partners, with their physicians, with their care teams and make an informed decision. And so we got to make sure that we are closing the feedback loop, that we're following all the processes of change management so that way it's not a flash in the pan, but it's here to stay and we can make sustainable steps moving forward.

Taren: Fantastic, Ryan. Obviously, you are a role model out there and it's a mantle of responsibility. How does that feel for you?

Ryan: It's truly a blessing is what it feels like. To have the opportunity because so many people who don't look like me have given me opportunities and it gets back at this idea of community. We all need one another, and I've learned so much through diverse thoughts, through people who are of different generations, who are coming from different backgrounds, different educational levels; I think there's something to learn from everyone. So I don't take this responsibility lightly, and I want to do my part to give hope because sometimes when people feel like the unicorn or you think you're all alone, it's hard to have a vision of what could be. So I don't take this lightly.

I want to use this opportunity and platform to be of the highest service for driving change in an area that needs it most and bringing to light that people of color do participate, women can do great things, but we all need one another. I need my white male counterparts, I need my white female counterparts, I need LatinX, everything in between, people of different gender pronouns and ideas – it's all of us together. So if nothing else, that's kind of what I take away from this and the responsibility that I have, and so it's an imperative that I do something with the time that I have, the role that I have and do my part to move the needle in my small way.

Taren: You give me hope I will say that, so thank you. When we talk a lot about diversity and equity and the other piece of that is the I – the inclusiveness – it's sometimes... it's not as... it doesn't get as much attention as it probably should. Let's talk about that I part and why if you got the D and you got the E, why we also need the I.

Ryan: We definitely need the I. I'm glad that you hit on that. I want to feel like I belong. You want to feel like your voice matters and that there are spaces where it's safe to show up in your

full self in clinical trials and at work and that's how you get the best out of everyone participating. So that's an important aspect. So I guess my challenge for senior leaders would be to do anything in your power to promote a culture of openness, an opportunity to listen and an opportunity for humility so that way people can feel like they can belong.

Taren: Fantastic. Well, you've had a very successful CRO career and now you're sitting as global head of Diversity in Clinical Trials, the business unit at Science 37. You've had the opportunity to put together some teams – very successful teams. First of all, what do you look for in those team members and then describe your leadership style for me.

Ryan: I've surely been blessed to assume all the different roles that you mentioned and a lot of it has come through folks opening doors and being willing to see things in me that I didn't yet see in myself. And so some of those key skills that I look for are those that are proactive, that have an openness, that have a willingness to think that things are possible, and that also have that growth mindset. That's crucial. I believe that those are some of the same things that I bring to the table so I don't expect anyone on my team to have things, at least at the intangible pieces as far as the growth mindset and a positive attitude. There's a lot that can happen from it. And I would describe my leadership style as one where I lead from the inside out. The hardest person I have to manage is me. So if I manage me, I can help lead others, but it's hard to be a follower if you can't lead from the inside out.

Taren: I love that. What advice do you have to other women who want to aspire to that C-suite? I know you just said you lead from the inside out, but what are some like maybe a couple of tips that things you know now that you wish you knew as you were climbing up the ladder there?

Ryan: Things that I wish I knew would be to be open and to think of what's possible. Just because you may not see someone that looks like you there yet, it doesn't mean that it's not possible. I would express an openness of being able to learn from everybody and not being shy to use your voice, but also to understand the power of our feminine energy which is the innate gift and talent to collaborate.

Taren: You're certainly an inspirational leader. You're certainly motivating. I told you earlier I feel uncharacteristically optimistic. As we conclude our time, I'm going to ask you to identify a career moment or an accomplishment that was your wow moment that either shaped your career or changed the trajectory of your career, and I'll challenge you to...

Ryan: Absolutely. I would say a career defining moment I had in my career was when I said yes to taking an assignment that no one else really wanted. They had poor results in their region and geography before, and I think making the calculated decision to go for it and to make sense of a region that was nascent and to use my time, talent and energy to go for it and push myself forward and to make the leap it enabled me to lead a team of over 100 people from all over the world to secure a phenomenal strategic partnership. And it took the faith and belief of so many other senior leaders, but the fact that they saw something in me and more importantly, I had to see it in myself and I had to see what was possible, and it took a lot of courage. Because I did it

with my knee shaking, but I'm so grateful that I took the leap and I still recall on that opportunity whenever I face those times of uncertainty and it's hard to kind of see what could be I recall upon that moment of saying yes to the challenge. So that's something that I'd like to leave you with.

Taren: Well, Ryan, thank you so much and thank you for reminding us all why yes is one of the most powerful words in the English language. Thank you for all that you're doing. We look forward to the future of the foundation. I want to wish you continued great success. It's been a real treat and a pleasure to speak with you.

Ryan: Taren, thank you for enabling us to leverage your platform today to bring light to all the wonderful women that you've been doing over the years. So thank you for using your voice at PharmaVOICE.

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