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*In this episode, Taren Grom, Co-Founder and Editor-in-Chief at PharmaVOICE meets with Christi Shaw, CEO, Kite Pharma.*

**Taren:** Christi, welcome to the WoW podcast program.

**Christi:** Hi. Thank you very much for having me.

**Taren:** It's so great to connect with you again. It's been awhile and a lot has changed for you. Congratulations on being named CEO of Kite Pharma. This has to have been very exciting and fulfilling. Tell me a little bit about your time so far at the company.

**Christi:** Taren, it's been extremely, extremely meaningful I have to say. August actually marks my two years at Kite, and in this time we've already established Kite as a CAR-T franchise with two CAR-T cell therapies approved in three different forms of non-Hodgkin's lymphoma.

In addition, the people here at Kite are just amazing. They're so inspiring, passionate about patients and just very courageous. Personally I have to say living in Santa Monica has a lot of perks with the weather and during COVID our family being able to get outdoors no matter what the season. My son who is from Jersey and recently the Midwest is surfing. I never thought I'd see that in my life, so we're very, very grateful.

**Taren:** That's quite the culture change going from the East Coast to the Santa Monica surf, huh?

**Christi:** Yes, it is.

**Taren:** Well, good for you and I'm glad that it's working out well for you. In two years, if you had asked me, I would have said oh, it was just recently, but I always forget about that pandemic year in between where it feels like everything happened and nothing happened at the same time. I know you are so passionate about bringing new cancer treatments to the market; before we get into the great science happening at Kite, would you be so kind as to share your personal story as to why you are so driven to move the needle.

**Christi:** Sure, Taren. For me, a lot of people know about my sister, but it's actually both my mother and my sister that I lost to cancer. When my sister was younger, she actually helped my mother who passed away in 1996 and was in hospice in our home. My sister cared for her even though she had two young children. And so for me, well 20 years into my career it became my time to really help my sister, really work through what she was dealing with and multiple

myeloma. I was so fortunate to be able to care for her because I know so many people aren't able to make that decision either financially or for other reasons, so to be able to do that was just priceless and I'm very grateful. And that's why I want to do what I do today is to try to help other people help their loved ones live longer and a better quality of life.

**Taren:** Well, it's very admirable and you know it wouldn't be an understatement to make the note that when you stepped away it caused quite a ripple out there and people said wow. Because you walked away from a big job at a big company to do what you thought was the right thing to do and to give something – and to do that so unselfishly is quite amazing, so kudos to you. And I am so sorry again about the loss of your sister. I know how hard that was.

It's gotta keep driving you though everything that you've learned over the last few decades about cancer. So let's talk about the great science that's happening at Kite. As you noted before, Kite is the first company with two approved CAR-T therapies. So what is it about these cell therapies and the promise that they hold for cancer patients that so enthalls you?

**Christi:** Well, it's just quite remarkable. I try to put in layman's term what it is that we're doing at Kite. So to explain a little bit of the technology to those who aren't familiar – we're basically trying to empower the patient's own immune system to target and attack their cancer cells. And we do this by collecting the patient's white blood cells. They're sent to our facility in El Segundo here in California, and in Europe we recently opened a facility during the pandemic in Amsterdam, and then we reengineer them and we ship them back to the patient to be reinfused with their new engineered T cells from us.

And treating these patients who have been told – all of these patients are end stage, so they've all been told you probably have three to six months to live; you need to get your things in order. And for them to go through this treatment and for almost half of them to be alive years later – as we talk about my sister, I just can't imagine the joy and the feeling after going through everything these patients have gone through and their families to actually be alive and living a normal life years later when you thought that that was going to be it. It's just truly, truly rewarding.

**Taren:** Yes. It must be truly rewarding and it's so good to hear that when we talk about cancer and the big C that we're adding another C to it and that's curative, which is an amazing place to be right now because we never thought – you know, who would have thought this would have been the case 20 years ago, that science would evolve, right?

**Christi:** Exactly and cell therapy isn't just for – you know, it's being studied everywhere in all different kinds of cancers and even other disease states. For us, we still have multiple studies that are under way in addition to the three approved non-Hodgkin lymphoma indications. We're still looking at things like the most important thing we're working on is earlier lines of therapy. Because if we can help patients actually get this potentially lifesaving therapy earlier, healthcare cost a lot would go down so you're not dealing with these medications that you have to take for years or for months and then the next one and months for the next one. If you can

get curative therapy potentially earlier, you save a lot of money and you save a lot of heartache for that patient and for their loved ones.

And so we're actually moving this – we will have our data in second line coming out very soon in a matter of days or weeks. And as we look at other types of blood cancers we also have a study in ALL, which we hope will be approved by the end of this year as well. So we continue to look for areas where cell therapy can really make a transformational difference in patients lives.

**Taren:** That's amazing. And so earlier in line therapies, so talk to me a little bit about that pipeline development. Were you slowed down at all by COVID? Apparently not since you opened up a facility in Amsterdam.

**Christi:** Yes. I have to say the team has been hard at work even through COVID. Most of our employees – we have about 2700 employees at Kite, the majority of those 65% or so are in our technical operations. So this truly is a caring, handheld environment to really have humans helping humans as we see, that's what basically when we see their blood come to our facility, we think of that human being as being in our hands. So those patients were essential workers and they never stopped working. And our supply chain continued to work really hard, especially as you think about flights being shut down, no international flights and how we had to work with airlines with the government to really ensure that this lifesaving therapy could get to patients at the end of their lives and give them a chance.

I would not have – if you would have asked me, I would not have been able to guarantee that I thought we would actually going to give every patient their cells back, but lo and behold the team did it and they were courageous. They turned over every stone. We had quite the time where I thought there's no way this is going to happen. It's so emotional and can be so filled with anxiety, sometimes depression when you feel helpless that you're not sure after nine flight cancellations in Chicago if that patient's T cells will ever get over to Europe. But the team did a phenomenal job and we kept moving in our studies, kept moving, kept accruing patients.

I do know though there's a lot of cancer centers in the communities that were shut down, and so the thing I worry about is how many patients didn't get access that we don't know about. Which is actually an issue whether you are in a clinical trial or you just want to get the approved medication. It's still only 4 out of 10 patients in the community are being referred for CAR-T therapy. The other six are going to palliative care and a big push for us is to make sure that every eligible patient knows about cell therapy and knows that it's an option so that they can make that decision and know that they don't just have to go to palliative care; they can give it one more try.

**Taren:** And why do you think there was such a gap there; if 4 out of 10 are only receiving it and 6 are not, is it still the greater need for more education amongst oncologists? Where is that gap?

**Christi:** Yes, I think is the number one gap is either – you know, these lymphomas, non-Hodgkin lymphoma subtypes of them, the community physicians don't see that often. And so when they

think about their education, they're getting educated about the cancers that are more prevalent. And so they're thinking about cell therapy education isn't as deep as it is at the authorized treatment centers and the lymphoma experts.

The second thing is that depending on the type of lymphoma, they have their own treatment armamentarium. They have, for example, in diffuse large B cell lymphoma, there are many approved products in the second and third line that they used before the patient gets to the end of life therapy. Unfortunately, some of those patients are gone by the time they get to – before they get a chance to be referred. And so being able to talk to physicians about using cell therapy earlier and then if it doesn't work in those other half patients, then you can go cycle through the other kinds of therapies. But I think that will be a big change for patients.

The other thing is reimbursement. The first year of launch, Medicare wasn't reimbursing even the cost of the medication, let alone managing the patient in the hospital and the cost of maybe some of the management side effects because they are severe adverse events that all patients that get cell therapy go through, not life threatening, but very much life impacting for a period of time.

And so the adverse events I think also give our community physicians pause to refer patients if they think they've already been through so many difficult therapies with other adverse events. So really helping them see that they're short term and then if the patient responds they actually live and they'll come back to your practice and visit you and keep getting checkups. That's the last piece is making sure the community physicians know that their patient will come back to them and they won't lose that patient to another practice.

**Taren:** Thank you so much. That really does shed some light on that. You talked earlier about getting those T cells back to those patients and leaning in during those times, during the pandemic where it was very tough. What were some of those skills that you had to rely on to make sure that the message from the top was clear and that the teams responded appropriately and it sounds like they responded more than appropriately. It sounds like they responded heroically.

**Christi:** That is exactly right. I think first and foremost, Kite employees have always been aligned to the Kite mission which is focusing on the cure. They're all very well aware that everyday they get up it's to try and save patients lives. And every single patient that gives us their T cells we really have their life in our hands. And so it's taken extremely seriously. And not that others aren't, but many times in big pharma companies the functions are very apart from each other. In cell therapy, it's definitely a team sport. So our manufacturing and technical operations works hand and glove with our commercial people who are on the ground. And so that doesn't typically happen when you have small molecules or antibodies on the shelf that you can pull off the shelf and go through the normal process.

Here, that person that's in the authorized treatment center, our employee has to work with technical operations people to make sure that once we have that chain of custody of the patient that those cells get to and from appropriately, we have somebody on the ground to make sure

that that happens inside the institution as well. So I think that team sport is a huge piece, so aligned on the mission that makes it more of us aligned as a team. And I think giving them permission to make decisions at – no, not every decision has to come to such high levels, empowering them to say you have the expertise. We are confident that you – we have confidence in you, and so that gives them courage.

If I summed it up I'd say focus on the mission. It's a team effort, so giving them the opportunity to show their courage. We have confidence in you and collaboration is the way that we do that with very high integrity with always having high quality standards.

**Taren:** Fantastic. Thank you so much for sharing that. Throughout your career, you've held several C-suite positions. How does your current role as CEO different from your role as US President of Novartis? Right now you have a company that's about 2500 people and that might have been one division you oversaw at Novartis. Did you have to shift a little bit in your thinking?

**Christi:** You know it's interesting, I was talking to Dan O'Day the CEO of Gilead and after being here my first year, and I was reminiscing about the fact that about that, I had multiple different disease states, thousands more employees than I have now, but the point to me is being part of an organization that can for the first time possibly use the word curative is very meaningful. I have the belief that as we drive cell therapy forward, that a patient's own body's immune system is going to be the best that we have to really treat cancer and to try to cure cancer. And so that was one piece is if you're truly following your mission and your passion, it doesn't matter if this company is big or little, you know, curing cancer, that's where you need to be and from my heart and what's happened in my life and for what I want to do.

But in saying that the thing that was different day to day for me is sometimes in big pharma you're called a president, but you only run commercial . Sometimes you're called a president like at Novartis and you have from phase 2 through commercialization. In this job, it's the first time I've ever had discovery, the start of all it through clinical development and commercial and also including technical operations which is manufacturing and process development and quality that I'd never had before in my career and truly doing that on a global scale.

The other thing that's just been so enjoyable is being able to learn a lot of new things between the science evolving so quickly, but also these different functions that I had never worked for or oversaw before. I'm learning a lot from our people.

**Taren:** It sounds like you're enjoying the stretch, if I might say so.

**Christi:** Yes. Yes, I really am. It's very invigorating.

**Taren:** That's fantastic. Along the way in your career, you have to have had some key leadership lessons that you have learned that have led to your success. Can you like enumerate a couple of those for those who may want to also reach the C-suite? What are some of the things that you really took to heart as you went up the ladder?

**Christi:** I'd say this is probably true for a lot of people. I learn more from mistakes and I have to remember what it is – because sometimes your strength just come naturally and so you don't have to think about them as much. But I think for me it's learning things through the hiccups I've had along the way. So a lot of people think well if you became a CEO it must have been a straight path up and what did you do to get on a straight path so that I don't have those hiccups. And in actuality, it's hiccups all along the way. It's really the ability to identify those hiccups after the first time it happened. So whether that's things like this truly isn't my passion. I was in an area where I was very passionate about what I was doing and then I transferred to a totally different area where it wasn't my passion. It didn't get me out of bed in the morning. It didn't make me run to the job. Also, the people that you work with, whether it's your peers, your team or your boss, really understanding if that's in alignment and those change. So if you have a boss you're in alignment with and another one comes in, is that still in alignment. That is something that's so important as to whether we like our jobs day to day is to whether we can work together and work together as a team I think that that's so critical and not taking it to heart.

People hear me say this. My dad always said, taught me to be humble. Don't let success go to your head. But the biggest learning for me, and I think for a lot of women, is how do you not let failure go to your heart. How do you take it as a learning lesson and not think always that it's your fault it didn't work. Sometimes it just doesn't. And to be able to identify that sooner and make the decision to move on I think is the learning and the leadership lesson to know I'm not the right leader at this time in this position, so I'm going to go do something else. And I think managing your own career and not expecting or waiting for other people to approve of you that you're good enough to do what you want to do, but to seek out for yourself what you know you're good at and others would see that value as well.

**Taren:** That was awesome, and I love that not take it to heart because I think you're right; I think women have a tendency of not shouting from the rooftops when they're successful, but boy they will go into a dark place if they aren't. We need to shed that because we need to be responsible for our joy and for our successes and not to be so hard on ourselves.

**Christi:** Definitely.

**Taren:** You built some really successful teams, many of which were global. What are the qualities you look for in others when you're building out those teams?

**Christi:** So you know what, at these levels, what I've learned is if you've gotten to the interview at the executive levels that you probably have the skills. And as you interview people over time it's typically not the skills that set you apart as much; it's really about the person in terms of a few things. One is I think for me are these people passionate about our mission and have the same patient-centric values. Because if they do those are the people that will be driven internally to bring the cures for patients versus having more emphasis on other things that sometimes you go through hiccups and if it's about the mission you can get through it together, but if it's about a title or if it's about pay, anybody, any company can provide that at any time.

So it's really important to me the people are here for the mission and not just for themselves. Which then leads to the team player aspect. I have found over time that the teams they can work best together, collaborate, talk to each other versus just the up and down with the boss and your team, but really work across the organization cross-functionally is a skill set that not everybody has or has yet learned. I think that is so critical to an early success on a leadership team. If you can get a leadership team that all works together and is not me-focused, it can be just incredible and powerful.

And I think lastly, in doing that, people enjoy their work more. People are looking out for each other. We're looking towards the mission. It's okay to point out flaws you see in each other's department because everybody realizes that you're doing it because of the mission, not because you're doing it to just be better than them. So I think all of that is really helpful. There's nothing more than a team sport than what I've seen here in cell therapy. Nobody can do a job in their own function alone without another cross-function helping them move things forward.

**Taren:** I think that is so key is to think about that cross-functionality because you're right, oftentimes in pharma everybody works in a silo, but in today's world as we've seen come out of COVID, we've seen the benefits of collaboration across the aisle and look at the amazing things that can happen when people are open to that type of collaboration. So fantastic.

**Christi:** Yes.

**Taren:** Team sport and a lot of it has to do with chemistry too. So once you get all of the right players on the team, success is inevitable, so kudos to you. Christi, you are obviously a role model to many on the industry, what does this mean to you personally and professionally? Do you feel a certain sense of responsibility of widening the path for other women?

**Christi:** I certainly do. First of all, I'm so honored that people resonate with my story and look to me as a role model is just incredibly humbling. And I do feel that commitment. I think when I left the industry to take care of my sister, I really didn't know if I was ever going to come back. I really kind of thought I wasn't going to, and then what happened was it was really alarming to me when I left the number of emails, LinkedIn reach outs that I received from people who were saddened that they never made the decision to take care of their loved one or that they regretted not making that decision or they regretted not spending more time with them.

And I have to tell you that over the time, it became important to me to actually come back because if I could show people that it's okay to take care of those that you love, you may not come back to the same job, but you will come back to a role and it may be a better role. I mean I never thought I was going to be CEO of Kite, but to show people it's okay to prioritize, not to prioritize work, prioritize your loved ones. Work will be here and you will find a job in the future, and to be able to do that I think it shows that being authentic is important and as a leader never taking caring out of the equation, especially for what we do in our industry, we need to care, care about people, care about patients and do that first and foremost with the people that we love, I think that's so incredibly important.

**Taren:** Yeah, I agree with you and right now we're at a point where we're seeing so many women leaving the workforce because of COVID, because of competing pressures that I hope that it's true that they can come back and there will still be a role for them. Because we're seeing reports that maybe that's not the case. So it's so important for women to keep their networks up, to keep engaged even while they're managing all of other life's complexities and hardships.

**Christi:** And Taren, I think a piece that and what I think was like five million women have left the workforce since COVID and it's so alarming, so alarming as you said. The only thing that I would give for advice is quitting doesn't have to be the answer. I know a lot of times in our company we've been able to basically tell people do you need a leave of absence, would you like a job that's not – that's a different job, would you like to work part time, and really making more accommodations in a way that fits their family life, but that they don't have to quit. There's so many myriad – or what is it on your own with your family, you recommend to us what it is that we can help you with because we want to help. You're a person and we have compassion and we don't want to lose you for the long term, but for the short term let us help you get through what it is that you need to get through.

**Taren:** That's wonderful that you're offering that. And you know the same thing holds for men. I just feel like it's being – women have just been put under so much more pressure. As we look to the future, you gave me a couple of great pieces of advice for women to look to, but if you could share one key thing that helped propel your career, what would that be?

**Christi:** For me, the thing that propelled my career is that constant focus on the patient. People ask me about my courage and I think because of what I went through with my family and being a caretaker re-emphasize that when you're trying to help a patient, there is no stopping you. Because it looks like courage, but what it is it's trying to ensure the patients get what they need. These patients are suffering so much that speaking up, speaking out and not thinking about what it means for yourself, but what it means for that patient I think is always for the majority of the time helped me move forward and actually surprised me with some moves that were offered to me because of it versus me trying to actually manage my career to the next level.

**Taren:** You were definitely a fierce advocate, and I think that anybody who's a caretaker can feel empathetic with you because everybody is taking care of somebody right now probably and it's hard. Let's face it, it's just tough. Coming out of the other end, doing such great meaningful work Christi, because this is our WoW podcast program, I'd like you to identify an accomplishment or a wow moment that shaped your career or changed the trajectory of your career.

**Christi:** So Taren, it is what I just told you about focusing on the patient, but it wasn't my entire career that I was as passionate and vocal as I am now as I'm on the other side of my career, if you will, over the middle part of my career in the last third, if you will. And the wow moment for me was I always – I never shared the story of my mom dying. She died in 1996 and I never

really talked about the process of her death in cancer, and I never worked in oncology before 2010 when I went to Novartis because I always felt that treating cancer meant giving patients chemotherapy and watching my mother die and her quality of life was not good.

But when I learned about Gleevec and actually where cancer was going, and I went to Novartis, I actually for the very first time told the intimate story of my mother who died of breast cancer. And what I learned was she died the year that the aromatase inhibitors were approved and they're generic today and it's common therapy used for treatment. Had she actually gotten into a clinical trial – they had a crossover design as well – she would have lived three to five years longer. I didn't know about it. I didn't know about that therapy. We didn't have the internet where you could find everything at the time. And knowing that has made me such more vigorous and more passionate about patients and urgency and digging under every rock because there is something somewhere that can help someone. So sharing that story was a wow moment for me because I didn't realize how impactful it would be to others.

So I always thought well this is my life, you know, who cares about that? But so many people have so many stories and they want to share them and they want to tell them or they need help and they want to learn from others who have gone before them of what else can they do to help their loved one. So that was my wow moment of really being able to be vulnerable and sharing an intimate story like that that helped others and really became my platform even before my sister was diagnosed with her blood cancer.

**Taren:** Christi, thank you so much for sharing that very personal intimate story with our audience. I want to thank you for all the great work you're doing and having such an impact on CAR-T and pushing innovation to help patients out there that we don't even know about as you've said, so thank you, thank you. I want to wish you continued great success and I look forward to seeing what's next coming from Kite under your leadership. Thank you for being part of our WoW podcast program.

**Christi:** Thank you so much, Taren.

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