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In this episode Taren Grom, Editor-In-Chief of PharmaVOICE Magazine meets with Shontelle Dodson, Senior VP Health Systems at Astellas.

Taren: Shontelle, welcome to the PharmaVOICE WoW Podcast Program.

Shontelle: Thank you. I'm happy to be here.

Taren: It's our pleasure to have you. I was really intrigued as I look through your bio, your role as a Senior VP Health Systems is so comprehensive, I don't know how you wear all the hats. So can you please explain all the areas of the organization that you touch and how they all intersect?

Shontelle: The health systems organization at Astellas is made up of six different functions, five primary functions. We have strategic analysis on our contracts and pricing, payer and channel account management. We have a reimbursement patient access organization. We have a health systems marketing group that provides support for marketing materials specific to the health systems organization. We have a key account management group and then also a group that provides operational support. So you're right in that it's a very diverse organization primarily targeted to payers and large institutional decision makers around patient access to medications.

Taren: And how do they all kind of intertwine?

Shontelle: They work together first with the therapeutic areas across Astellas, so our oncology portfolio as well as our hospital portfolio and urology. They work collectively to make sure (1) that we secure access for patients so when a healthcare professional makes a decision to write an Astellas product, that we have access for patients to be able to receive that, whether that be through their payer organization or through our support programs that we provide.

It's also important that even with in-health systems that we really understand the overall product portfolio strategy so that collectively they are working together moving in the same direction. For example, our account reimbursement group needs to understand

what the needs are in the prostate cancer population and how to help patients gain access there and working very closely with our marketing group as well as our broader payer and channel account management group to do that.

Taren: Excellent. That brings me to my next question because that's a lot of data, and since you joined Astellas you've really expanded the health economics and outcomes research function. I understand you pioneered multiple innovative real world data projects, including the creation of two national registries and innovative research partnerships with a number of managed care and academic organizations. So talk to me about how you approach creating these new initiatives and what are some of the goals for each of them and why was this an important area for you to address?

Shontelle: Sure. I have a very unique career path within Astellas in that – and actually my whole career has largely been focused in medical affairs. Only recently, about nine months ago did I move over to the commercial side of the business. Part of that focus on medical affairs has been my desire and my care for patients and patient access to medications, but also bringing value to patients. So in joining Astellas my focus in health outcomes, health economics and outcomes research is really in demonstrating value of Astellas products and at that point we had a very small health outcomes group that we grew and expanded and subsequently created a broader global alignment around that group.

I then moved on to head the Medical Affairs Americas organization where we took a unique approach and instead of doing a pure company initiated randomized control clinical trial, we created a large registry, for example, in prostate cancer because we wanted more real world evidence that wasn't available in existing real world evidence databases or electronic medical records because there was so much missing information. We wanted to create a registry where we were able to get additional information from patients about how their disease impacted them, how they were treated throughout their disease, and also equally as important is we collected caregiver data within that registry, which is not something that you can do in a randomized control clinical trial. And that registry is still ongoing and we're really looking forward to – although I'm not in medical affairs anymore – being able to analyze that data and provide some important information for healthcare professionals to make decisions in the future.

Taren: Wonderful. And you say you're not in medical affairs, but once you're in medical affairs aren't you always?

Shontelle: Well, in many ways yes. I have a strong allegiance to medical affairs and I do have a different approach now. I do love medical affairs, but I equally love the group that I'm in now, and I think the commonality for all of that is the patients.

Taren: Exactly. That's perfect. So talk to me about what some of the goals are for each of these initiatives. I mean I think what you're talking about is so topical right now and everybody is trying to get as much information about patients as possible to make better decisions for even future drugs. So talk to me about what you're doing.

Shontelle: It's true, and sometimes in those situations you have to actually create the data yourself just because – especially in the US healthcare system – data collection in the real world is still fairly disparate. We're making a lot of advances in that people are starting to realize that the more consistently they collect data, the better they can make decisions. But what we did was to take an approach to doing that ourselves and creating a database by collecting information on prostate cancer patients, for example, which just doesn't exist anywhere else.

ASCO has been a big leader in that area as well. AUA has moved in that direction in the last several years too. That's just something that's really important to us because although we believe that we run very strong clinical trials, randomized control clinical trials that give great data on the efficacy and safety of our products, often there's other data that's almost equally as important that happens in the real world, and we need that data so patients can make better decisions.

Taren: Sure. Speaking of ASCO, which was just this past week or for our listeners right here in early June, Astellas recently launched the [Astellas Oncology C3 Prize](#), changing cancer care. Talk to me about this initiative. How did it come about and what are you looking for in terms of entries and then finally, what determines a finalist?

Shontelle: I'd be happy to. Changing cancer care is in our fourth year for Astellas, and it's something that we're very passionate about. This program was initiated by my colleague Mark Reisenauer who's Senior Vice President of Oncology here at Astellas, and he was inspired to create this program after himself directly experiencing challenges as a caregiver to his father who had head and neck cancer. The challenge made him really think about how do we support and inspire innovative non-treatment ideas that could help patients and their caregivers. So it's going beyond the medicine and going beyond the treatment.

We're looking for ideas. They can be big. They can be small, but that we want high potential ideas that help improve the lives of people who are impacted by cancer, again

outside of their medications. This year we're looking for ideas in three categories – the cancer care journey, cancer health disparities and cancer survivorship. We launched this program and have evolved it over the past four years and we will award up to \$200,000 in total grants and resources to the recipient of the award. And again, big or small ideas it doesn't matter to us; we just want to spark better journeys for cancer care.

Taren: That's excellent. And how can folks put forward their ideas?

Shontelle: Entries are open now and they will be accepted through July 15th, and they will be reviewed by a group that has been working with us. They are not required to have it be a company, be an academic organization, even have a finished product. We're just looking for ideas that will help us in those three areas that I mentioned.

For example, if they have an idea around the cancer care journey, if they have an idea that helps improve the patient experience or ease decision making or helps them navigate the system as they're being treated for their cancer, if they come up with an idea that addresses health disparities, an idea that may reduce the burden of cancer care in underserved populations or thirdly, to address cancer survivorship challenges, they can submit these through our c3prize.com website, which is available now. On the website, it has all the details about how the idea may fit into one of those categories. So we would direct everyone to take a look at that website.

Taren: Fantastic. I'm excited about your initiatives. I think everybody has a cancer story to tell. It's such a prevalent thing in our society unfortunately, so I will be very interested to hear what the results are.

Shontelle: Sounds great. We take a lot of pride in moving these non-treatment ideas forward. It's not about our products. We don't maintain ownership of any of these ideas. We simply want to improve cancer care beyond medicine.

Taren: Fantastic. Now, I want to switch tacks just a little bit. You talked about your career in medical affairs and you really started at the Department of Veterans Affairs.

Shontelle: I did.

Taren: Talk to me about this experience and how it shaped your future career.

Shontelle: I joined the Department of Medical Affairs actually right out of my PharmD program. I did a year of residency in the Department of Veterans Affairs. It's a unique healthcare environment because allied healthcare professionals, non-physicians, can

provide direct patient care in the Veterans Administration, and I had the opportunity to do that and see firsthand to take care of patients who were on anticoagulation therapy, take care of their pharmacokinetics that they were on, low therapeutic index drugs to help patients who had had a heart attack post-MI to make sure that they were on all of their appropriate treatments and they were treated to goal. I saw firsthand the benefit of helping patients navigate that journey and helping arm them with more information, helping them to be more compliant with their medication and achieve better outcomes, and it really shaped me for life. It helped me feel firsthand when you make a difference for a patient, what a difference it really makes. It made me want to do that even more.

Taren: And such an important patient population, right our veterans—

Shontelle: Absolutely.

Taren: – who have given so much for our country. It's a wonderful story. Thank you so much for sharing that experience. You're also on the board of directors of the National Pharmaceutical Council, tell us about this organization and its goals.

Shontelle: The National Pharmaceutical Council is actually made up of industry representation from pretty much every large, midsize and many small pharmaceutical companies. The remit is to, again, much to what I was talking about earlier, is to help convey the value of medicine and help people understand some of the miscommunications around the value of medicine. I've been on that board now for I guess five years, so I started on the research committee and then moved on to the board. I've been very actively involved with them.

They take an active leading role in healthcare today. One thing that they're doing that I would like to share is a project called Going Below the Surface, and it's really to help people see look at the healthcare system holistically and look for solutions to solve for the challenges and the obstacles that are out there and ensuring that patients have access to treatments and that we help to control healthcare expenditures over time, and that those healthcare expenditures are not always about medications. In fact, medications have many, many examples been able to lower healthcare expenditures, but unfortunately are often the target of discussions and debate. So this is an important project that they are working closely with health affairs on, and there are multiple different stakeholders across multiple facets of the healthcare industry that are collaborating on this. I'm personally looking forward to seeing the outcome of their great work.

Taren: Shontelle, it's really important work and kudos to you for really being part of such an important initiative. You are also – because you're not busy enough – a board

member of the Society for Women's Health Research which is SWHR, an organization quite frankly I'm not familiar with. So please tell me about this association, too.

Shontelle: This is another great organization and one that everybody should know about because they were a leading organization many years ago in changing the FDA's approach in including women in clinical trials. They are a leading organization in promoting sex differences. So sometimes people often aren't aware that we've seen this happen in many places in healthcare that women respond differently to medications or various treatments, and this organization's remit is to really highlight those differences and advocate to those differences, whether it be in migraine treatment, diabetes, vasomotor symptoms, things that directly affect women. Not one size doesn't fit all, and so they've been a key advocate along the way for changing that paradigm and they've done a lot of great work to do just that.

Taren: Excellent. We'll get the word out about them as well. That's terrific. With your finger in so many different pies and having access to many different thought leaders across the industry, talk to me about what excites you in terms of where you see the industry going.

Shontelle: I'm excited about continuing to develop medications to serve the needs of patients. There's still so many diseases out there that don't have adequate or oftentimes any treatments and that's something that Astellas continues to be focused on.

As you mentioned earlier, a lot of people have been impacted by cancer, my family has as well. I had a niece who was diagnosed with cancer going into her senior year of high school, a very rare sarcoma and she benefited from great treatments and is doing well. As a matter of fact, she became a healthcare professional herself. She's a nurse now at a leading academic institution and doing great, and she's a cancer survivor thanks to the treatment that she received.

Taren: That's wonderful news and I'm glad that she's paying it forward. That's wonderful.

Shontelle: Yes.

Taren: You talk about different companies and their approaches, do you see that there is a more collaborative atmosphere now amongst the different major pharmaceutical companies when we're talking about some data and to making some real progress in some of these tougher diseases that we haven't been able to crack yet?

Shontelle: I do think you see more collaboration today than you saw 10 years ago, but I think that collaboration has been happening for some time now. It's probably becoming more and more visible. But I do think that that's growing and it's going to continue to grow because in the big scheme of things we're all about the patient, and when we can bring products to the market, even collaboratively, that help the patient then I know that's the goal that we all have.

Taren: Wonderful. You have won a lot of different awards and accolades, including being named an HBA Rising Star and more recently or as recently, you've won the Astellas Vision Award. Talk to me about that award.

Shontelle: The Astellas Vision Award that we received is part of a team effort and it was as we had globalized our medical affairs organization to begin to create better alignment and better sharing of information and better defined processes around things like investigator sponsor research around how we conduct health outcomes research across the globe and share that information, how we ensure that we design protocols that are scientifically rigorous, clinically relevant protocols across the global organization and that team, the focus of that team of which I was a part of was to really help us shift and move towards that greater global alignment. So it was an honor to win that award.

Taren: That's wonderful and such important work too because I can imagine that processes have been streamlined and you're seeing marked improvement then within the organization.

Shontelle: Absolutely. And it's an area we continue to evolve in.

Taren: Sure. With so much career insights and so many things you've done in your career, can you share what we call a wow moment? Is there something in your career that stands out to you?

Shontelle: I would not maybe highlight a single wow moment, but if I think back in my career the thing that stands out to me is I've been so fortunate to have strong leaders around me who were willing to guide me and shape me, serve as role models and really invested in my leadership development. I look back I think it's hard sometimes to see, especially earlier in your career, what people are doing for you, but when I look back I say wow because those people they really invested in me. And because of that, I try to ensure that I always make time to invest in other people because I'm so fortunate for what they invested in me. So maybe it's not a single wow moment, but it's many wow moments that I really appreciate.

Taren: Fantastic. Now you talked about leadership and leadership style, how would you define your leadership style?

Shontelle: I would define my leadership style in two ways. Two things that I would say is I aspire to be a continual learner and promote that. I'm very committed to, for example, reading leadership books. There's like global leadership conference that I attend every year. I don't miss it. I haven't missed it in 15 years because I learn a lot from it. So it's important for me to be a continual learner.

The other thing that's important to me that I would describe is I really work hard to be an authentic leader. I bring my authentic self to work. I think that's important. People see that, and I really try to make sure that I do that.

Taren: Those are two really important leadership traits. With all leaders I speak to, often those two always are ranked either one and two or two and one, so good for you. Finally, what's one piece of advice you would give to your younger self? If you could dial back the clock a little bit, something you wish you knew back then.

Shontelle: If I could dial back the clock, I would really reflect on some things I just shared with you and compel myself to be purposeful about leadership development. I was very fortunate early in my career when I was in the VA, I had a strong leader mentor that started to shape my career. I then went into big pharma and was fortunate to work for a company that really invested in leadership development programs for their leaders and I benefited from that. Not everybody has the resources to do that, but because I got that earlier in my career, then I committed to that myself.

As I mentioned, every year I go the global leadership summit. I never miss it. Had I not learned the importance of leadership development early on, I probably wouldn't have known that and been that committed. So looking back, I would tell myself early on get committed regardless if you have those opportunities early or not because it will be important throughout your career.

Taren: Thank you so much. I really loved speaking with you and I've learned so much. Thanks so much for being part of our WoW Podcast Program.

Shontelle: Thank you. It's my pleasure.

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