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In this episode, Taren Grom, Editor-in-Chief of PharmaVOICE magazine meets with Mary Szela, CEO and President, TriSalus Life Sciences

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

Mary: Thank you. I'm delighted to be here.

Taren: Well, it's our pleasure to have you. Mary, I did a little research on you, and you have a tremendous reputation for building billion dollar businesses, turning around faltering businesses, igniting growth and stagnate businesses, and devising innovative and differentiated strategies for undistinguished products. So I have a lot of questions. Before we get into some of your background, what makes you choose one opportunity over another?

Mary: That's a great question. I think it's evolved over my career. I think early in my career it's different from where I am today. I think as I thought about the opportunities I selected I'd say in the last eight years, it really was twofold. Number one, who are the people and am I working with really good high integrity committed people, and is the product going to do something meaningful for patients. And it sounds simple, but it's really guided me in terms of selecting opportunities in my career over the last 10 years.

I think early in my career it was more about what experiences could I gain, and looking at where I had gaps or lack of experience I wanted to move into a role that potentially could round out my capabilities.

Taren: So that in itself is fascinating. So you were willing to take that risk – calculated as it may be – to jump into an area that you weren't familiar with. What gives you that courage?

Mary: I don't know. I'm one of seven kids, and I'm at the end of the family. My parents had very interesting backgrounds. They were both orphans, and they really believed in, you know, I was raised to create your destiny and those opportunities that you know the least about sometimes teach you the most. So those always have attracted me from day one. I never really went after the job everybody thought I would go after. I usually chose the job that no one wanted and tried to make something valuable out of it.

Taren: That's awesome. What is it that excites you about turning around a business, aside from some of the obvious things?

Mary: You know, I would think the turnaround strategy requires just such a different set of action and mindset on part of the CEO and the top management team. And I think it's a unique skill set; not everybody is really good at it.

For me, what's so exciting about it is taking something that is unwanted or doesn't have value today and turning it to something that does have value and makes an impact; it's probably the most thrilling and most fun journey I've ever seen. Everybody involved just really looks back at what they were able to create with such pride and love the journey, too. Because some of these are really challenging.

That's what's attracted me about it. But I also think too, it's hard work. I think I've always been attracted to those messy challenges to see if I could figure it out and attract a great group of people to help figure it out with me. If you could do that and do something that no one else did or others have tried and failed, it's just a feeling of accomplishment is like no other.

Taren: I bet, yes. Taking something from nothing, or taking it from the negative to the positive and standing at the top of that mountain at the end of the journey has got to be terribly exhilarating.

Mary: It really is. It really is. And if you haven't done that before...

The other thing that I've learned along the way is it's a great opportunity to make a ton of mistakes. Because a lot of people don't have any high expectations for you. And so it's this opportunity to learn and kind of move at a speed that you'd never be able to in another opportunity because no one thinks it's going to work. And when it does work, it just creates this incredible excitement and you've had this incredible experience along the way because you've had the opportunity to do things that you never would do anywhere else.

Taren: That's such an interesting perspective on that. I love that. Can you guesstimate how many companies you've either turned around or that you have built through your career?

Mary: You know, it's interesting, I was thinking about that the other day. I grew up at Abbott Laboratories and my first kind of decade of my life I spent in our hospital products division, which I think is now part of Pfizer. That was the stepchild business at Abbott. We didn't make a lot of money. We weren't like pharmaceuticals. We weren't sexy and making the HIV diagnostic test. You really had to learn how to rub two nickels together to make a quarter. If you really didn't come up with some creative and innovative strategies to survive in that business, you didn't make it.

To me, when I think about my career, that early experience in the hospital products division where it was really tough business probably has given me more of the attraction of taking those challenging businesses because I've learned so much and I had so much fun on it. So from that day forward, even when I moved into the pharmaceutical division, they initially offered me to

move onto Humira. And I said ‘you know, I’d rather go onto the primary care division,’ and it was kind of a group of tired products, and I moved into that with a great group of people and we just really turned that business around. And then ultimately they moved me onto Humira.

But it was those types of opportunities where I just got a lot more freedom, and I think that’s why I really enjoyed them.

Taren: Let’s talk about your Humira experience in terms of developing it as a global brand. What were some of those initial challenges for you?

Mary: You know, I think as a team when you build a big brand like that, there’s never really one person involved; it’s really a team of people. In the early days of Humira, the product missed its initial forecast the first year. It was an incredibly competitive environment. J&J and Amgen had very well entrenched products. What we had to do is we didn’t have much clinical data other than what we submitted to the FDA and had in our package inserts. So we didn’t have a lot to differentiate the brand. The beauty of that situation, again, with Humira was we had to do something innovative and different. Even from the early days of Humira – and remember, that was 2004-2005, we decided to take a really different path and engage the patient digitally.

At the time, it seems like oh my God, that’s not innovative at all today – and it isn’t. But at the time, it was kind of very different. That was kind of... Pfizer was the king of the world. Lipitor was the number one product. It was all about big sales teams and driving prescriptions. I think at that point we knew we had to do something different, so we embarked on a fairly different commercial strategy than the others. I think by doing that earlier, and what we learned along the way, was so powerful. And I think that really helped differentiate the brand from other products that were multi-billion dollar at the time and ultimately became the number one product in the world.

And so our ability to engage the patient, have them opt in so we can talk to them, it really gave us a window into their lives, what was the issues they were dealing with and how could we provide solutions above and beyond just the prescription. And it also helped us collect a lot of data, and that data was providing insights for us all along the way. It seems so trite to talk about it now because everybody does that today, but at the time it was quite innovative.

Taren: You’re right, 15 years ago nobody was talking to the patient, nobody thought about digital as a channel. So you really broke ground in a couple of different areas.

Mary: Yeah, and what we learned is that we really learned the power of the patient. Some of the insights, like in psoriasis, it was a market that wasn’t well developed. Most people weren’t being prescribed biologics. There was a lot of fear by dermatologists.

What was so interesting is when we started talking to patients on an incredibly deep level, they were sharing with us that they knew that the dermatologists really didn’t like treating them because they were more complex patients, they required systemic therapies. And the

dermatologists could inject Botox and do some other quick procedures and make a lot more money and not have as much hassle. It was so fun to learn about those and then figure out how do we help those patients. How do we make it different? How do we make their journey more helpful for them to get to the right doctor who is going to be able to treat them and be interested in it.

All of those types of direct communications to patients were things that, at the time, everybody was really focused on the doctor and trying to change doctors behavior. We were really in tune with the patient, and by doing that, then we kind of incorporated the physician perspective and created a solution for both of them that was much more, I think, constructive than what we were doing in the past.

Taren: As I said, nobody was doing it at the time so kudos to you. And think about it now, as you say, everybody wants to talk to the patient. All that data are now important. But back then, it wasn't a thing... like you're right, it's like a big duh, of course, we should have been speaking to the patient. It's amazing 2020 hindsight is, but when you take all those lessons learned, where do you see that next leap happening in terms of patient care? Where do we go next? If we're already talking to the patients, what's next for that patient on the journey?

Mary: This really leads into the company that I'm in today. One of the things that I see – and I don't know if people would agree with me or not – but when you think about the pharmaceutical industry, the more that I left Abbott and I've had exposure to other pharma companies, I do think there is a little bit too much of a group think. We all behave – while we're different companies, there's enormous similarities and biases in it. What I see in the world today is that I think pharma is just an industry I love and adore, and I think the value that we bring to patients is so immense, I wouldn't be anyplace else.

But one of the things that I think that we need to do better is – and the whitespace and the opportunity that I see is the integration of technology and therapeutics together to create a broader solution. I think to me, that's where the world is going. Even though we say we embrace digital and technology in the pharma industry, I would argue that we're not anywhere near what other industries have done. I think that's an immense opportunity.

I also think that growing up in the pharma industry, I didn't really know anything about the medtech industry or technology at all; I'd say I would tell you that I felt I was pretty arrogant. We always thought the medtech industry at Abbott we were higher on the food chain than anyone else and we were more sophisticated and more scientific and more data driven... and now when you really look at what patients are dealing with, and I'm in the oncology field and I have a very personal situation of how I got involved in this because I lost my sister to breast cancer and I'm a breast cancer survivor myself and I have a group of brothers who are physicians, and when my sister passed away and we did her autopsy, she was on a Roche experimental drug and none of her drug was getting into her liver tumors at all. Like none. I was like wow, and we knew that there was always a challenge you know when I was growing up at Abbott about how to get drug into solid tumors, but this led me to the company that I'm in

today and integrating therapeutics and technology together to provide a solution that could be really transformational for patients.

To me, I think that's the next big step function in our industry, and technology can take many different forms. But it's not just the delivery of the therapeutic anymore; it's much more solution oriented, and it's going to involve other components to it. Many that I think people aren't thinking about today but are out there, and I think if we could integrate them in new ways, it could be quite powerful.

Taren: First, thank you so much for sharing such a personal story with us and second, I couldn't agree with you more; I do think that that integration of therapeutics and technology is the next frontier. And I think it's one that's been kind of bubbling up over the past, let's say, decade. But I think there's a lot of new hope because the technology is so powerful today...

Mary: It is.

Taren: ...that we're going to see some really big exponential changes, I think.

Mary: Yeah, and I think the old mindset in oncology let's just add another mechanism or let's just do the same thing that we've been doing forever; I think that there's so many other tools that you can integrate together that sometimes seems so alarmingly simple...

I think with our company you know when I first saw the technology, I was really dismissive of it. I didn't think much of it. But as I learned more about it, I was like oh my god, this is wizardry, and it was so simple in terms of solid tumors have very high intratumoral pressure. If you have to rely on a patient's heart to infuse that into the tumor and their blood pressure is a mean of 70 mm/Hg but the tumor pressure is 140, well now I know why the drug is not getting into the tumor. Just simple solutions and understanding about what happens there could make a difference.

As I think about my sister, the last year of her life was just so treacherous. We were infusing her all these toxic drugs, it wasn't helping her at all and ultimately, we learned never even got to her tumors. That's just unconscionable, we have to fix that.

Taren: I agree. You gave me chills there, because it is, it's the quality of that patient's life and the damage being done without even knowing the damage that's being done. It's in retrospect that you learned that. Let's talk about your company and let's talk short term, what do you expect to accomplish within this year? Obviously we're in difficult circumstances with the COVID-19 pandemic. But then what's your longer term vision for the company, and then finally, what makes... let's go back to the technology and what makes it unique?

Mary: Maybe I'll give you a little bit... I remember when I first came to this company, a lot of my pharma colleagues thought that I had lost my mind. It was a company that was, I would say, struggling immensely, strategically, financially, and what I spent the last 18 months with a really

great team doing is kind of turning the company around, really improving the technology to make it much easier to use. And then we also got CMS transitional pass through payment reimbursement, which essentially it's really tough to get because CMS says you have to be clinically superior to what's currently conventionally used, and we got very good reimbursement, so it allows the hospital to adopt it. That was really step 1. We said let's get a technology that we know is easy to use, is reimbursed so the hospital doesn't have to absorb that cost expense.

What the technology does – and this is why I say it's so alarmingly simple – at first, I thought it was just a micro catheter which I think is like a straw with two holes on it and no one gets excited about it. But what this team had done is, is the team was the original inventors of the Cordis stent for J&J. They created this incredibly powerful microvalve on the end of it, and it's made out of this ultra thin nitinol fibers, and it has this particular precise braiding geometry that has a number of different composite polymers on it. But what it does is it allows flow to go through, other very small particles micron size, and it creates enormous pressure as the flow goes through the microvalve, but it doesn't adhere to the walls of the vessel. That's really important for oncology patients because these solid tumors, they have immature vasculature, they're very leaky, and if you put any other type of technology that's conventional use, like a balloon or whatever, you can rupture the vessel and these patients can bleed to death.

So what we can do with this technology, which I thought was so exquisite, it's delivered regionally – so it's not delivered systemically – these are hundreds of thousands of these procedures that are done a year. But an interventional radiology basically advances the catheter right up to the tumor, and we have a little sensor inside our tumor too that guides the physician of how high the pressure is and then tells him what pressure gradient he needs to create to completely infuse into the solid tumor.

The beauty of that is we can get an incredible therapeutic index expansion. In our preclinical models, as well as our clinical models, we get up to 10x with the therapy directly into the solid tumor. Where if you look at current literature today and you had to rely on the patient's heart for infusing into a solid tumor, it's less than 1 percent of the drug actually gets into the tumor, and sometimes it's nothing.

Taren: Wow.

Mary: Yeah. So what we've been doing... so we wanted to really perfect the technology is step one. Step two is how do we acquire some immuno-oncology drugs that we know could overcome the incredible immunosuppressive environment in solid tumors, and how do we get the right tumor killing agent, so if we could combine this technology together with these other two drugs, we'd have a solution that could really address impacting and reducing solid tumor volume.

Our treatment approach isn't really in conflict with anybody else, because we think by reducing tumor burden, you really give patients therapeutic approach a chance to succeed. Our company

is really bringing the vision of Dr. Steven Katz who is my CMO to life. He's a surgical oncologist immunologist and trained at Sloan Kettering, and I think he just sees the world a little bit differently than everyone else. He has innovated a portfolio of CAR-T therapies. We're in the midst of merging as a team. We're buying and acquiring his portfolio of CAR-T therapies, his manufacturing and all the clinical personnel and capabilities that go along with it, and then we're also in the midst of acquiring another agent that would help address the immunosuppression.

We've built the company in this step-wise fashion, but always with the vision that let's get the technology right and then let's add the drugs together. We have a unique technology for the liver.

What probably I'm most excited about is we developed a very innovative technology that can infuse directly into a pancreatic tumor – because 85% of pancreatic cancers are unresectable. The ones that really do well are really the patients who had their tumors resected; those are the ones who survive. We have a new innovative approach to go into those tumors and treat the tumors, and we're incredibly excited about that.

A lot of activity at our teeny little company. We're right in the midst of finalizing those two transactions. COVID-19 while it certainly has impacted us, it really hasn't slowed us down in terms of getting that done. Ironically COVID-19 has actually even helped our company because people can't go to surgery as much. What the surgical and societies have said is let's use more local regional procedures. It doesn't tie up operating room time or potential anesthesia or even recovery room time; these are outpatient procedures that patients can go home the same day.

I think, to me, it had unintended consequences for us where I think more and more people look at the impact of these type of treatments. I'll tell you, patients really appreciate it. Because if you can give a very high toxic dose only into the tumor and reduce that without having systemic side effects, the quality of life for the patient is just incredible. And number two, you get the tumor burden down where when they do receive their systemic treatments, they get a much better treatment outcome.

The data that we had it's early, but these were stage IV pancreatic patients; we treated 7 patients in total, 8-12 different tumors as high as 5 cm in diameter, we got 4 complete responses out of 7 in the liver.

Taren: Wow.

Mary: These patients are alive with disease today.

Taren: Wow.

Mary: Big caveat, it's small numbers. Everybody can have an idiosyncratic positive patient result, but I think that this approach that Dr. Katz has put together, I think it's something

incredibly innovative. That's really our vision, is really to transform some of these just miserable dreadful diseases and create a different treatment algorithm that is quite different from what people are doing today.

I'll tell you, I don't think the big pharma companies get it. When they look at us, it's just we're so different and I don't know if we really have the level of data that they're looking for to really be convinced that this is a new approach. But this is that vision of how do we create a different solution today that gives more to the patient and can be much more effective and think about the world very differently. And that's what's so fun about this opportunity that I'm in and the people that I work with, because everybody just thinks so differently, and we're not in that herd mentality of big pharma.

Taren: That's a lot to unpack there. No, it's fascinating. You're addressing two areas obviously of great unmet need in pancreatic cancer and liver cancer, which are let's face it, they're death sentences in most cases. So anything you can do to change the outcome precipitous is amazing. Secondly, I do love the fact that you're approaching this in a completely different way because we've been looking at chemotherapy and cancer treatments haven't changed for 50 years. So it's time with the new technology to advance the care for patients. And providing patients with a better quality of life while they're going through this horrific journey is even more important. I'm excited for you. I'm excited for your team. The energy must be very high when you're all together and looking at what a difference you can make.

Mary: Yeah, I'll tell you, I think everybody is so excited. I think anybody who tries to do something so different than what people are doing today, it's lots of challenges. I always tell people kind of the first one through, we're going to take a lot of arrows for this but I think we'll be really excited if we can produce these results on a much broader scale.

Taren: Absolutely.

Mary: I think everybody knows somebody who's been through this, and I think everybody wants a better solution. I mean, I know I would, and I would have wanted one for my sister. I think that that's really what motivates everybody through the tough stuff. Because there's a lot of barriers, absolutely. But we've been kind of slaying the dragons day by day. That gets old at times but what motivates us is that we've got to fix this. We just can't fail at it.

Taren: I love the passion behind that. And you're right, everybody is impacted by cancer; it's just to what degree. But I do think it's time for a change. I wish you well on your journey. You can withstand those arrows, I have no doubt you're gonna slay that dragon.

Mary: To me, I think you just have to expect it, right, and not get too down. I always try to find an opportunity in any one of those situations that might not have gone exactly how we wanted it to. I think it's my old age more than anything else.

Taren: Listen, if it were easy, everybody would be doing it. And if we weren't ruffling some others, then you wouldn't be having an impact. Think about it that way.

Mary: True. That's very true. Well said. Very well said.

Taren: Let's talk about your journey to the C-suite. You've obviously had a very varied career. You've taken enormous chances, big risks and proven results. When you think about your journey to the C-suite, what are some of those lessons that you learned that you could provide to other women who might say you know what, I've got it in me too, what do I need? What should I be thinking about?

Mary: It's so interesting, I was just talking to a senior executive at Merck this morning, and she's trying to figure out her next steps in her career. The biggest that I would say to women – and I was fortunate to have this amazing mentor – is believe that you can do it. I think that just as women, we're critical of ourselves, critical of our gaps, and don't think big enough. I encourage every woman to think you absolutely have the capability and skill level to go as far as you want to go. Don't exclude yourself from the opportunity to be in a boardroom.

Because what I find – and I'm currently on six boards now – and I've been on over the last eight years some small teeny little biotech boards. I've been on VC focus boards only. I've been on some very big public company boards, like Novo Nordisk. So I've had this very wide range of experiences. I'll tell you where I've landed is I think as I look at the talent in women today and then the talent that I saw in those boardrooms, I just think there's so much need for these talented women to get into the boardroom.

I just see a different dynamic with women in the boardroom versus an all men board. Not that I want to get into the gender discussion that much, other than it's just we have diverse approaches and we have a different style, and I think there's less of a fear to talk about the elephant on the table. I think we have, as women, a better team building and camaraderie to help mobilize people around the table towards a result.

I just want to encourage any woman who's listening, I'll call you up and cheer you on. I think that we need you in the boardrooms, and we need a lot more women, and there's just not enough today. I'd say I probably get a call every week on going on a board, because there's just not enough women out there. So I want more people out there so you can make an impact.

Taren: Amen. Amen. Absolutely. You've served on a number of boards, and I know the research and I talk to a lot of women about getting on that first board is the hardest board to get on because once you're on one board then it becomes easier to get on other boards. Do you have any advice for bridging that first gap? How do you get on your first board?

Mary: I think it's an interesting question, someone asked me this. One of the things that I think it's really helpful for people to think about is every board and every CEO looks around their boardroom and says what capabilities do I want around the table and who do I fill that with.

The first step that I always tell people if you want to be on the board, I want you to think about what is your brand, what capability are you bringing to that board. Is it commercial expertise? Is it technical expertise? What is it and then what makes you unique in that category?

Today, I think most companies are really looking to add expertise around the board table. I think if you could categorize yourself in a way that makes it easy for them to select you, I think there's such a need for women on boards, and there's a lot of interest in it; if you can put the right bio together and résumé that allows people to easily identify what you're good at, then they'll match you up with a company that needs that.

I also would say that it's really important – I've seen a lot of people put résumés together and often what I see in these résumés is it sounds like a job description; you go through and said 'I was in this job, I did...' blah, blah, blah, and then I did this job and blah, blah, blah. What I found as most impactful in the bio is really concentrating on your capabilities – what are you really good at and how can you help a little company or a big company with that incredible skill set that you have. Because the résumé and the job experience people will look at, but what you need to really elucidate for the reader is here's what I'm great at and this is how I can impact your company. And if you can answer those questions, I guarantee you can get on a board.

Taren: That is awesome advice. Thank you so much. The résumé... that's all the tablestakes. It's you as a differentiator, that's the big thing.

Since you brought it up about knowing your brand, how would you describe your personal brand?

Mary: When I first left Abbott, it was a hard journey because I had always identified myself I was an Abbott executive, and then when I left, I kind of felt like I fell into the bottom of the ocean. You get so identified with your job, and I went through a deliberate period of six months where I said I'm not going to do anything; I want to really figure out who I am and what I'm good at. It was really unsettling, I'll tell you it wasn't a fun six months. Because I just felt like I was completely in the middle of like where am I, what happened, what am I going to do, will I ever work again... all those little gremlins that creep into you.

It was during that period that I really said what am I good at, what do I love, and I had a really good mentor at the time help me through that. And my brand was really I'm really good at turning around crappy businesses and I love to figure out where the value is or isn't and bringing a team in and making something out of nothing. I really branded myself that way.

I was able to get kind of turnaround – my first one was a turnaround anti-infective company, and then I got recruited to go to Aegerion which here I was really looking forward to run a public company. It was incredibly troubled. I think my first 18 days in the company I sat around the table with 18 different branches of the US government... so there was a lot of legal issues, shareholder lawsuits. I thought I'll never have another opportunity to go through such amazing

experiences. I took that job knowing that it was going to be really hard, but we were able to settle with the DOJ, settle our shareholder lawsuit, as the executive team, we restructured the company and did a merger all in 12 months.

It was the ride of a lifetime...

Taren: Wow!

Mary: ... and then a new board came in and they had a different vision on the company than what I did. But those, to me, I would have never really gotten those opportunities if it wasn't kind of matched up with what they needed.

And then the third one, the chairman of the company called me and he's like 'I know you like doing this, will you take a look at this company and tell me what you think we can do with it.' I've been here ever since.

To me, I think really understanding what you like doing and knowing what you're good at and knowing what you're not good at. To me, I just see so many people kind of follow or get slotted into jobs that may not be the best fit for them and then they're unhappy, and then they don't perform as well.

So I was very thoughtful about the jobs I took. I think if people looked at my career they'd be like 'oh my God, your company selection is bizarre. They haven't been really that successful.' But I'll tell you, I think the journey I went through – my first company was I worked for a family office. I really learned as a CEO if you don't have a strong chairman you can't be successful as a CEO.

I learned in my second company running a public company, if you don't have the board that you want around the table and that has the same vision, you can't succeed. So I finally got it right in this final company. I have a chairman I adore, I have board members I adore, and we really work well together. That, to me, was really necessary learning. I wouldn't have gotten to this place where I am today without going through those kind of more challenging experiences.

So I tell people pick something you're good at. Every experience is going to teach you things that you never thought you could ever do, and it's going to take you to where you want to go. Having a very prescriptive defined path may not serve you as well as just looking for what you're good at and trying to learn.

I know a lot of people come out of big companies, and when I left Abbott I spent my whole career there, and then I started in the biotech industry, and I just realized how big the world got and how much I didn't know. I've probably learned more in my last eight years doing what I'm doing now than I probably learned in my whole 25 years at Abbott. To me, I really encourage people to get out and get into the smaller company environment; it's just so rich with

experience and capability building. If I knew what I knew today, I probably would have left a lot earlier.

Taren: Those are all great insights and great advice. Before I let you go, I need to ask you about a wow accomplishment or a wow moment in your career that has left a lasting impression on you. You've had a lot of experiences, can you narrow it down to one?

Mary: Oh wow, that would be hard. I think, to me, there's been a couple of experiences where – and probably the one that I remember the most right after 2008 – and so it's similar to what we're going through with COVID-19 today – I was running the US pharma business for Abbott, 2009 my first quarter was just incredibly low sales. It was almost to the point where I thought there was some sort of shipping error or wholesaler error or something was going... I was managing a \$3.5 billion brand and then first quarter we were practically selling \$10 million in sales. I didn't know what had happened. It was really hard to figure it out.

So the team and I, we went out and started just talking to patients and probably the most humbling moment for me – and this is something I never want us to lose sight of – is I didn't fully appreciate what the financial crisis was doing to patients. I knew they weren't filling their prescriptions but I didn't know why. And when we started talking to patients, patients would tell me 'I don't want to be the high cost employee and being on Humira because I'm going to lose my job,' or 'my co-pay has just gone up to \$800, I can't afford that,' or 'I just got dropped from my insurance and I'm on a new insurance and I have to meet a \$2500 deductible.'

To me, probably the most humbling wow moment for us is that I think we create incredible innovative medicines, but they also have to be accessible. That was the first time we kind of launched some really aggressive co-pay assistance programs and support programs. But to me, as an industry, you can't lose sight of the challenges that people are going through. It just broke my heart because I knew these patients were in severe pain, and when they're not taking their medication everyday and they're still trying to go to work and take care of their kids and meet their bills, and they can't get their medicine, you know what good are we really doing.

To me, it's a balance. I think as I've gotten older, and I understand the Wall Street demands; I'm not naïve about that in any way, but I think we've got to innovate around access. Because that is something that is just so fundamental to what we do.

Taren: I think that is a mic drop moment. I think we could talk for another 25 minutes on just that topic alone. I would love to revisit that conversation with you. In the meantime, I can't thank you enough for sharing such tremendous insights, your personal story, and such great tips for our listeners. It's been fabulous to have you part of the WoW podcast program. Thank you so much.

Mary: Thank you. Thank you for including me, and if I can help anyone, I'd be more than delighted to. I really believe in passing it on. I've been helped by amazing people in my career, and I'd love to help anybody who needs it.

Taren: Thank you for your generosity, and don't be surprised if people take you up on it.

Mary: Well, I'd love to meet them.

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