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In this episode, Taren Grom, Editor-in-Chief of PharmaVOICE Magazine, meets with Laura Blair, Senior Vice President, Business Development, ConnectiveRx.

Taren: Laura, welcome to the WoW podcast program.

Laura: Thank you. Thanks for having me, Taren.

Taren: It's our pleasure. Laura, you have been in the pharmaceutical industry for more than 20 years, not to date you or anything. Can you please give us a brief rundown of your journey to your current position?

Laura: Absolutely. I enjoy sharing my journey because my parents dreamt of immigrant background, dreamt of something that they used and understood. So, my dad's like, I could use an accountant, go get your accounting degree, of which as a good little child, I followed through, got the degree, then went over to work at Roche Laboratories in their finance department in a leadership track.

As I was going through a financial leadership track, I gave some presentations. Someone in marketing asked me if I'd be interested in a sales position, of which nothing I ever knew about or I'd seen any drug reps or anything. I said that I'm interested, could I potentially spend the day with the sales rep to understand what that job really entails? I spent the day with a rep, we were in the car, we went to the ER, it was so different than my finance position that I had been in for about two years and I was excited at the opportunity. And that's really what set me on my sales trajectory.

I then was a sales rep for Roche, I was a sales rep for Abbott, I then became a district manager. And then, as my family started to grow, I was looking to do a little bit less travel and someone said, "Would you ever consider the vendor side?" I was like, "What's the vendor side?" "Like all the tools that you actually use are built at times by these vendors, these other organizations." And I was like, "Okay, I'm interested, I'd like to hear more."

So, I ultimately took a position with my boss's husband and his organization at Elsevier and I started on my vendor journey, doing speaker training programs and working on those types of things and then, through my travels there, bumped into Robert Previdi who kind of started co-pay and said, "I understand the work that you're doing, I've gotten to work with you a little bit as vendor partners in certain organizations, would you consider taking a role with us?"

So, 12 years ago, I started at PSKW, which now, ultimately, today is ConnectiveRx. So, I've been building affordability, reimbursement, hub services. With EHR, our services have just grown over the 12 years tremendously. And every few years, we just have such new things that I'm able to learn and to put in the bag, if you will, and talk to my pharma clients about. So, I've enjoyed my journey and it has been over 20 years, but it really feels fast because it's been a fun ride, I love what I do.

Taren: I love it, and you've ticked off a lot of boxes, I mean, from accounting to sales, to carrying the bag, to marketing. That's really a huge variety of skills and expertise that you've been able to harness into your current position. So, I'm just curious, you see what it was when you carry the bag back in the day and now what sales reps have to do. That's quite the transformation.

Laura: It has completely changed. I mean, I don't want to date myself, but we worked on programs, where we were engaging with physicians, not only in their offices, but we were allowed to bring in lunches and have them talk. I remember doing bringing into residents at hospitals their training materials, while they were studying for their exams to get certified, down to dinners and Broadway shows with their spouses. I mean, this was all allowed back early in the day.

And now, the rules and regs just get tighter and tighter. And now that, I'm on the end creating the materials and on the medwrite process for number of signatures and things that you have to get in place, even just work on a prior authorization or benefits investigation, it's just changed tremendously with the legislation that has come down through the years.

Taren: Yeah, and I would think, to some degree, some good and some bad about that, right? It was a little bit like the Wild West back in the day, so maybe needed to be curbed in, but it also really limits what you all can do with sales reps, too.

Laura: Right, and access.

Taren: And that's not so great.

Laura: Exactly. Access, something would be mentioned at a Medical Congress, like the American Heart Association, a poster was presented. We would hear about that on our voicemail, not on our email, and we would just run with that information and we were able to do so and allowed to do so. And now, that's just so very different. So, things take more time and in a way to your point, it is more controlled and made sure that it is accurate and dispensed appropriately, but I won't lie, I do miss some of the heydays. I understand the controls, but I do miss the heyday.

Taren: Understood. Let's talk about some of the programs that you're designing or running right now for ConnectiveRx. You talked about affordability and hub programs, what are those?

Laura: So, honestly, it's just a way to get patients on to the desired medications faster and easier. Right now, you think of your patient journey and a patient goes in and they have something that's bothering them or something's identified during screening and they then potentially are put on a pharmaceutical product. And from there, it should be an easy journey, it should be my doctor thought this was what was best for me, I have insurance, I should be on my way.

Unfortunately, that's just not the case. You sometimes get to the pharmacy and you now have sticker shock about the price of the drug, and that's where potential co-pay programs are able to help patients that are just sometimes shocked with what's being asked of them for the treatment that the physician has selected for them. You think of the common person and when they leave the doctor's office, they don't know if it's a generic or a brand or an error. They even have a conversation with the doctor about it, they just know that potentially, my bones hurt and doctor said, I should try this and I went to the pharmacy. And then, they get to the pharmacy and potential sticker shock or disruption, and that's where co-pay can help them through that.

Hub services is I get to the pharmacy or I get the caller. I know from my doctor that this is going to take a little bit of work to get covered and potentially, there's going to be some insurance obstacles, like prior authorizations and understanding what their benefits are and how to help them actually get on the drug, what has to be proven and just having those services to help patients navigate these challenges that are brought forth by the insurance companies.

Again, we talked about rules and regs, some of these things are in place for good reason to prevent abuse and to measure. Other times, it's just a lot of paperwork, potentially, that will slow a patient down, and especially if they don't know how to navigate the waters. So, I think what is critical and what I feel so good about is that we put programs in place that help people navigate the tools that are available to them and that potentially and hopefully, will get them on to their treatment and feeling better faster.

Taren: Fantastic. And using some of these tools that you're developing help with adherence as well?

Laura: Absolutely. So, once we get you on, then it's a matter of understanding what may be your journey, what you may need to understand. You think insurance hurdles are one and done, they're not. Depending on the treatment, it could be annual, some it could even be quarterly reviews. Other things are like really, there's so much great information on brand websites and things, but there's almost so much, sometimes it's not relevant until it's relevant in your world.

So, you may read something and think, oh, that's not a big deal, neuropathy, what's neuropathy? And you just read this word and you kind of let it go, but then after you're actually on drug and maybe having some issues or things that are part of normal course of treatment, dry mouth, like things have seemed so benign that having tools or being able to point somebody back to information that was available to them, maybe initially, but not relevant to them at the time, is really critical in getting the right information to the right patient at the right time when

it is valuable to them. And I think we have a lot of great programs, where we can understand where they may be and the right time to mention the tools that are available rather than just trying to synthesize all that on the day you got prescribed that prescription.

Taren: That's fantastic. I think you're right. I think there's so much confusion. If you go to the physician's office, you're prescribed a drug and as you said, you get to the pharmacy and there is sticker shock. Any responsibility for the physician to kind of prep the patient ahead of time, hey, this is going to be expensive, would that help mitigate some of that bewilderment when they get to the counter?

Laura: I personally have had some of those conversations. I'm very involved in my parents' health and helping them through the system. And I do think that sometimes the physicians do know what they're up against and will say, my parents, my mom, for example, has psoriatic arthritis and she was failing on the one agent and the doctor was moving her to the next and did say, 'I don't know if your insurance is going to cover it. Here's a month worth of samples and let's see what we can do.'

So, now, the physician's office is trying to meet the insurance demands. On her behalf, I'm calling, I'm making calls and explaining that she failed on agent A, which is now why she's on agent B, and it's not easy. So, I think the doctors sometimes issue a warning and I think their staff is willing to submit paperwork and things, but I do think every patient needs to be their own advocate and follow up with those. Don't assume that the doctor's office is filling out those forms. Don't just rely on red light, green light, like call your insurance, ask what is covered, ask about alternatives or if they're denying the one you've been prescribed, what do they expect you to be on?

What I heard on with my story about my mom was that they didn't have an alternative, just that it was denied, which being a very educated consumer, I'm like, Well, how does that going to work? And we're still in the midst of that one, they're like, well, nope, this one's denied. And I'm like, okay, what's your alternative that's within that same class? And they didn't have an alternative for her. And for me, it was eye opening that now, she's just in like kind of limbo right now. So, now we're going to go back to the physician, but it's just not as simple straight line, like, we'd like it to be, like doctor wanted her on it, she should be able to get on it. It's just not that simple for so many of these products.

Taren: Understood. And luckily, your mom has a physician and a physician staff who's willing to work with her, but not everybody's that lucky and that's why where you all come in to help mitigate some of these gaps in the patient continuum. And now, you are really a customer and a brand advocate. So, tell me about what's the best part of your role and how you are helping patients.

Laura: I truly love sitting down with my pharma clients in a room, where we know what we ultimately want to get done, but not necessarily the steps in how we get there and to really just sit and put together the pieces that are available in the industry to help the patient journey. So, many times, we hold those pieces at ConnectiveRx. Many times, there's tools that then can also

be added to compliment those services and when we sit and go through each obstacle and what we could build and how maybe we can get in front of it. We have amazing EHR tools that are there when the doctor is prescribing, where a doctor could be made aware or reminded that there's these awesome services.

So, maybe, we to your point, get ahead of the conversation, where the doctor maybe is reminded that he should mention to the patient that there are support services and they will likely maybe have an insurance hurdle that they have to get through. And then, through how we get them through their sticker shock, through how we get them on board with the drug and any of the other insurance hurdles that they may have to sit in a room and kind of map that out with my pharma partners and kind of come up with a plan and then continue to build on that plan is the favorite part of my job.

And then, once it's up, it's up, but really, I look at it as like a living organism where we have to check to see that the plan is actually delivering what we wanted it to. And then, you start getting customer feedback, both from the HCP and patients. And then, in theory, because I look at it as a living organism, we need to continually tweak and adjust the program to make it better. We kind of have a design, but now that we're living in it, we know what we can shift and adjust so that we just keep adding.

And the market has brought us new tools. Every year, there's some new great thing that we can, whether it's electronic tools that make us faster or whether it's apps that allow the patient greater visibility. Not that long ago, but maybe five or six years ago, text messaging, that was kind of new, there's always something new that we can layer in that just makes it a little bit better or easier for the patients and HCPs.

Taren: That's fantastic. Where do you see the next greatest opportunity is in filling some of those gaps?

Laura: I think there's still the transparency you talked about earlier and understanding. Personally, I would like to empower my patients a little bit more, I think we try and do for them. I'd like to help with understanding, for them to understand what is actually occurring in their coverage. I think understanding, making choices in your coverage is very important and annually, to then let them know what we're working on on their behalf, so that they know where they are in the journey so there's no surprises, like, okay, maybe you were offered a bridge supply or like my mom, that sample, while someone was working on it, but you know what that person then has to do? Have you followed up with the office, like really giving the patient some visibility as to what all these services on the back end are working on? I think that's going to be important for patients to be empowered going forward.

Taren: Fantastic, thank you for that. You obviously have a really deep understanding and knowledge of that patient journey, but you also have experienced your own personal patient journey. Would you be willing to share some of the insights that you gained through this experience?

Laura: I'd be happy to, I do feel that part of that journey was for me to survive it and kind of share it after. So, for the 20 years, I've been working with pharma, a user, yes, an occasional user, as far as like prescription vitamins and birth control and the things that you take in your normal course of business. Well, in 2019, in normal course of business and travels, I recognize that I had just a stuffy left nostril that just was persistent, assumed it was a polyp or something and really didn't run to the doctor with it, it wasn't life altering.

Actually, after I went to an ENT, they're like, let's take a look, let's do an MRI, let's do a CT scan, it's probably nothing. I was told, oh, you know what? We still don't know what it is, let's just do a biopsy and then, literally dressed for work, asked for the 7:30 a.m. appointment because I had things to do that day. I'm like, Okay, I need my results and I'm coming in. And the physician walked in, and I'll never forget, he said, "You have cancer." He barely said good morning, but I think he was as uncomfortable with it because the whole time, he didn't really think it was anything, as he said, nothing bad, nothing bad.

And so, we all thought it was just going to be another day at the office. And that morning, my world was rocked, nothing you expect. I'm a mom of three, very active. These things, I always worry about my parents' health and my children's health, I never actually consider my own health. I just assumed that that was there and something I take for granted.

So, quickly, through my pharma training, I go to clinicaltrials.gov, I started looking for top doctors. The cancer is nasopharyngeal carcinoma, extremely rare cancer, usually found in Asian men with high-salt diets, I find in my reading. So, here, someone of Italian descent, it just was a true anomaly. And my doctors agree that it is in a woman, a true anomaly, so lucky me, got to be special in cancer, too.

And here's a cancer that's really, there's not a lot written on it, it's very rare. You go through a staging process. I find out I'm stage III, so that's a pretty scary stage. I find my top docs who happen to be two women as well. So, I was really psyched, but I didn't pick them because they were women, I picked them because they were top in their fields. So, my first top doc, my radiologist says, I thought, like a lot of cancers, like, we could just go and have a surgery, scoop it out, and I'll be on my way.

She was like, Well, guess what? It's in the back of your nose that's very close to your brainstem, very close to your eyes, your brain, like it's impacted in bone. We don't surgically remove these things, we melt them, you know, the term melt. We melt them with chemo and radiation. Okay. So, they then told me I'm going to do 35 rounds of radiation and I'm going to do seven rounds of chemo and they're going to put me in a clinical trial. This was all at Memorial Sloan Kettering which I think the world of. So, I'm processing all this.

Taren: Wow.

Laura: Yeah, it's a wow, it was a big wow. So, you read all these horrific things, you could lose your sense of smell, like all these things that could happen when you radiate that area because it's such a tight area. So, they want to aim the radiation to where the cancer is; however,

radiation isn't that perfect. And so, you could hurt a lot of good stuff while you're fixing the bad. So, my MSK doctor says to me, I think you could benefit from proton therapy. It's a very targeted type of radiation. So, now, I'm like, whatever you think I need to be cured, I will do. Okay.

Fast forward to proton therapy, guess what? Your insurance doesn't cover it. Okay. What do I do? So, now, I'm in pharma, I know the steps, I know the process, and they're like, well, if you want to start treatment as quickly as you would like to start treatment, you could do a \$20,000 deposit and we will try and get it approved. And if we don't, you're only out the \$20,000, but if you'd like, we can wait and work on your insurance approval before you start treatment. So, God bless, but I was able to do that.

Taren: Another wow.

Laura: This truly was a wow, like, I swear I had to live it, like on its own, whiteboards and sitting in rooms when we talked about patients being asked for 5000, 7000, it was a whiteboard, it was a number, we work through it, but when you live those moments, it is completely and totally different. And Taren, I say this and God bless, like we were okay to cover that amount of money. However, I was still taken back by the expectation of you could either start your treatment now and pay the 20 or you could wait.

Now, I will fast forward to I went through six rounds of insurance appeal through outside where they get an outside physician that has to render their opinion because that's how hard I fought. Ultimately, my proton therapy, which is approved in prostate cancer, it's approved in pediatrics, so this isn't like witchcraft, like, these are proven things, was denied, it was completely denied. And I was completing my treatments, like I literally was in radiation for 35 treatments straight and I was still finding insurance after they were completed. And then, ultimately, they denied it because it was such a rare cancer that didn't have enough studies done in proton therapy for horizon to think that deem it appropriate, but it is a very rare, small cancer, so you're just not going to have a lot of people that are spending a lot of money in those types of clinical trials because there's just not enough patient.

So, I don't think it qualifies for rare disease, but I do feel like I got a little bit of a walk in the sand for like something being so rare that there's not enough investment in it for the insurance companies to be happy and pay for certain things. So, needless to say, I got through my treatments, I got through my chemo, lost all my hair, had neuropathy and all these other things that when you're reading the fine print, you're like all signed up for that, if I could live, I'll take all of those yucky things happen to me, please just let me get through this. And you get through it and you're not happy to be alive, you're really sad to be bald, I can tell you as a woman, it was just... I can't.

And now, you have all these other issues that may be your life issues because chemo for what it fixes, it breaks almost just as much as it fixes sometimes. And you're living with all these end results, but I did live there with an extreme passion for the patient journey that I've been talking about for years that I pretended like I knew, because I really did think I knew it until I've lived it

as like a critical patient. It really changed my view of the patient journey because so many times, especially in pharma, we're very focused about the product that we're working on, like a specific drug, but in my course of being a patient, I had to get scans covered, I had to get the radiation figured out and then, I was on multiple chemo therapies, but then there was a whole slew of other drugs that they would give me in order to counteract your anti-nausea meds, all this other stuff keeping your blood count up meds, and I can name all the names, but I'm trying to protect the innocent, like, I had to figure out all those medications as well.

So, when we're in pharma and we're so singularly focused on the single product because we work for that manufacturer and because we work on that single product and that is our job, we really, truly need to take into account how much bigger the patient's world is. And if we really could try and get ourselves more streamlined, so that like a patient has support across many items and not just a singular product, I do think that patients would benefit greatly because it's really hard to think of just one, if you had to make that same call across the 10 agents that you're on, it's overwhelming. And trying to keep your family life and check in, I still dabbled at work, work was extremely supportive, I couldn't be more thankful for my ConnectiveRx family and how they handled my being in and out, I mean, I couldn't, they were amazing, but it was eye opening for me, it's just so different than the whiteboard and being in the room when we were back in the rooms in pharma.

Taren: Right. There's a lot to unpack there. That's amazing. Wow, that is truly the real patient journey. Just to go back to the fact that you were going to be asked to choose from a lifesaving treatment or have to come up with \$20,000 and as you said, luckily, you are in a position to be able to do that. For a lot of people, that's not a choice or an option, so they're left with like having the cancer continue to grow before the insurance and in this case, it wouldn't even have been approved.

Laura: Right. And the alternative was traditional radiation which could potentially cause just so much more damage to your healthy areas around your tumor. So, there was an alternative, but like, here's my top trained physician that is coming out of a major cancer center, not quackery, who said this would be best for you. And my insurance was saying, Yeah, it doesn't matter what she says, we don't think that that's what's going to be the best treatment for you. Even though we approve it in other cancers, we're just not going to approve it in your cancer. They had an alternate, it wasn't nothing, but you're going to go second line for something that your doctor thinks your first line would benefit you the best, like there's no choice in that in my mind.

Taren: It sort of boggles the mind. I don't want to sit here and insurance bash because certainly, they have a major role in the industry. However, it's just mind boggling to think that they would approve it for a prostate cancer, but not for your cancer.

Laura: Right, because there weren't enough studies. Exactly. Even up through their outside physician on my sixth level appeal explained that the benefits had not been demonstrated high enough in the type of cancer that I had.

Taren: Okay, we'll leave that over there.

Laura: Yeah, I know. That's a separate podcast. We can have another podcast on that.

Taren: Right. My jaw is still dropped. So, out of all of this, that has certainly had to have impacted how you go into your next whiteboarding session, whenever that time is, as we get back into the real world or even virtually and bringing these learnings to life is just incredible. How do your pharma clients respond when you say, you know what? We need to do better and we can do better.

Laura: They're always open. They've been wonderful. They were so supportive of me. Over the years, I've just made so many, I think, technically, they're my customers, but I'd be lying to you if I didn't tell you that some of them are my closest friends and they were so supportive and we learned together. They really wanted to understand the journey, they really did take it to heart, we all learned. Even at ConnectiveRx, I feel like a lot of my close peers learn with me and then, I've taken this to our call center folks and our folks that are interacting with patients.

And just to kind of shed some light on it and give them more, you may be on the phone with someone for a specific task or subject, but I want you to understand what their world might be around that singular task and what else is going on in their world and what may be going through it. So, I see people's eyes in the room, I see their interest levels when we're telling the story.

So, I do think that I feel like I've been able to share it and people have grown from it. I do think that all our pharma clients should maybe put their patients on with their vendors sometimes to explain the day in the life. It sounds like, back in the day, I'd be like, Oh, that's a nice to do, not a need to do. We need to figure out our forms, we need to get our med reg submissions completed, but I do think it changes how people feel in it and just like how we have QBR's quarterly meetings to review things. I think there should be almost like a QBR, where a patient just kind of keeps level setting our service people for what's really going on and the patients that we're serving and what their life is like and they all have empathy and we have an amazing staff, but I think it's good to just kind of keep that in check as we service these wonderful patients.

Taren: Laura, I have to say, I think that that's a great learning for everybody who's listening to this podcast is, as you said, it's great on paper, but until you live it, you don't really understand it. And I think there's so many people who have gone through health challenges who could bring these insights to their companies, if they were as brave as you are and have been to do so. Well, first, obviously, thank God, you're fine and everything has worked out very well. In terms of the cancer, I'm assuming that so and it has not recurred and you are in good status.

Laura: Yes. My scans are clear, I'm happy to report. I go every three to four months and they check and make sure everything's still okay. Those are nerve-racking times, but every day that we get is a gift. So, I definitely am embracing that and just trying to make my best with whatever time we get.

Taren: That's great. And to go back to my previous point is that, any advice to others who might be in a similar situation? How should they or could they go about bringing their real patient journey to those in their organizations where it might resonate and make a difference for other patients?

Laura: I think, I will say ConnectiveRx was so extremely supportive. And I feel like a leader in the company that we're in and I've earned my stripes there and I've delivered for as many years as I've delivered. And so, I think many people do that, but then when something goes south at home, whether their kids or a spouse, there may be just their inner circle that knows and they want to keep it quiet because they don't want to be disruptive or feel that they're not delivering at work or that they may be deemed as being distracted, but I do think to share that human side of what's going on and truly share it openly and not run the risk that you may feel that you're judged from a work perspective on it, is a learning. And I think people would welcome it and it would allow people to support folks when they are going through the not pleasant things. And I joke that there's everyone's on a road and everyone's going to have to pay their toll in one's way, shape, or form.

So, whether they pay many tolls or a few, this was my first big toll that I felt like I had to pay on this journey, but I think everyone's going to have something that happens where they may need some extra support and others can learn. So, I welcome them to share it and not feel that they have to hide what's going on personally because it would be a negative and it may be perceived negatively from a career standpoint, that was absolutely the opposite of what happened for me.

And I had to take my time, there were months where I really couldn't do what I had to do, but they were all there for me. And I, personally, when you're sitting in a chemo chair for eight hours, there's only so much People Magazine you can look at. I still peruse my emails, call me a junkie, but I do like my work. I love looking and seeing what was going on. No one was asking me to get it done, but I personally felt better, feeling like I knew what was happening because I wanted to be back and doing what I love. So, again, I think maybe I've just had such support at work that I was feeling comfortable to share what was happening, but I do think others would have the same, they shouldn't be afraid to share.

Taren: Excellent. You talk about your ConnectiveRx family and we're familiar with Bob with PharmaVOICE. So, you really have a great group of people that you're working with. One of the questions we ask is, who do you look to for inspiration, because your story is so inspiring? And I hope it's inspiring to those who are listening to this podcast, to find their voice and to figure out how they can use their toll road to pave the way for others, as you said, but who do you look to for inspiration?

Laura: One of my biggest inspirations is one of my dearest friends, her daughter has epilepsy. And I remember I had to go in for my MRIs and I was nervous about it but still kind of feeling I can do anything and I can handle this, I'm a tough woman. And she said, "Aunt Laura," she goes, "I had a two-hour MRI last week, it's no big deal, don't be nervous." And just the thought of like someone that is young in their life and doing the types of things that I was scared to do in my 40s and that she's been dealing with ever since she was a little kid and it was no big deal to her.

Like, my true inspiration are people that have been struggling and I kind of knew it on paper, but then, when I lived the struggle and I look back to think of the young kids that are dealing with medical issues and their families, that's been my inspiration, for like, I really have nothing to complain about, like, when you go get radiated and they're strapping your head down, so it could be targeted for 35 times while you're having a mini heart attack, lying there, wait, you could actually, like hear the beams and I think like, I'm doing this in my 40, like, there's kids that are doing this, like I have to frankly, man up and do what I have to do because there's much weaker, younger, more impressionable people that have gotten this done, so I have no room for complaints. I just have to get it to the other end of it.

Taren: Amazing. Finally, as we end our time together, here I am, the question I ask to all of our podcast interviewees is to tell me about a wow moment, but I've said wow, like 17 times during this podcast, so about a moment that shaped your career, that changed the trajectory of your career.

Laura: I think the one, this was definitely, this changed my career, for sure, my experience as a patient has changed my career. I think, before that, had you asked me that question two years ago, like I wonder what my answer would have been because it probably would have been some mentors and even the one gentleman while I was doing my finance presentation who said, "Would you ever consider sales?" And I knew nothing of it, it wasn't in my path, it wasn't in my dreams, but there was someone that took the time and saw something that he thought I had a skill set and he tapped me on the shoulder to go try something that I wasn't even thinking of.

So, there's a lot of those little moments, where someone just asked a question or puts an opportunity in front of you and because you chose to make a left or a right or you made a choice and tried an opportunity, you look back in the rearview mirror, like what if I'd not done that, would I be in finance right now? You just don't know. There's all small decisions that make up your overall journey and they're really not small because had you made a different one, it would have been very different.

Taren: You're right. Where do you see your real patient journey taking you because it's an incredible story? Are you sharing it? You shared it with us, but who else are you sharing this with?

Laura: You know what? I have something in my heart that I want to do, I'm still trying to figure out how to put one foot in front of the other like, first and foremost, I'd like to volunteer at Memorial Sloan Kettering. There were volunteers there, they were just there to say good morning and how are you and sharing things, like I had folks when I was initially diagnosed, Bob Cooper, who you guys know have done so many presentations. He was also a cancer survivor who kind of took me through the walk, like when you've walked it already, it's very different talking to somebody, like their tactical with you, like, All right, here's how this is going to go down, here's the part that's going to scare you, here's what's going to happen next.

And because they've lived it and they're on the other end of it, they treat you differently than the person that's like, crying and upset that you're at risk and they're hurting with you. Your co-cancer survivors kind of give you like, here's what you got to do to get to the other end of this and I appreciated them. So, I would love to be there for anyone else that's like struggling or early in the journey to kind of guide them and give them the strength that they can do it and that it's not something they ever planned or dreamt of, but that they will get to the other side of it and they will be okay.

Taren: Well, that's incredibly generous of you. And I can't thank you enough for sharing your very vulnerable, very personal story with our audience. It really resonated with me, in terms of the difference that people can truly make in this industry and who are making a difference in this industry, just by being so authentic and being so transparent and so generous with their personal lives and their stories. So, thank you so much for being with us.

Laura: No, I appreciate you for listening and allowing me this opportunity. And I'm always happy to help in any way I can for my friends in the industry. It's a very small industry and it's been so good to me and it's the least I could do to give back because I felt like I've learned and grown so much in this industry.

Taren: You're very welcome. And I want to wish you and your colleagues at ConnectiveRx continued great success and really, doing what you do on behalf of patients, it's quite amazing. So, thank you.

Laura: Thank you so much. I hope we can all be live again together next year.

Thank you for listening to this episode of WoW, the Woman of the Week podcast. And thanks to ConnectiveRx for making this episode possible. For more information, visit connectiverx.com and don't forget to check out our other WoW episodes at pharmavoice.com/wow.