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*In this episode, Taren Grom, Editor-in-Chief of PharmaVOICE Magazine meets with Amy DuRoss, CEO and Co-founder, Vineti.*

**Taren:** Amy, thank you for joining us for our WoW podcast program.

**Amy:** Oh, it's so fun, Taren, to be here. Thanks so much for inviting me.

**Taren:** It's our pleasure. I can't wait to dig into your career journey. From the research that I did, it's really fascinating. You are a serial entrepreneur. You started a couple of companies, including your current organization. Talk us through some of your career journey highlights and please don't leave out working for the World Bank Group.

**Amy:** Oh sure, yeah, no, I think – it's my pleasure. I think as my husband would tell you my career journey has been one word, irrational. So yeah, so it's always interesting to hear it described as fascinating because it's – I hear other qualifiers Taren, but yeah my career has been a variety of different stages and chapters. I was very fortunate to grow up in Washington, D.C. inside the Beltway, very politically-minded family, lots of debates, lots of access to kind of issues and really serious interrogation of policy and the rest of it. So that was the backdrop for what would be useful to do with a career going forward.

And I really thought a lot about many different kinds of work. My parents were lawyers. All of my family, extended family, they're all lawyers or judges, but very quickly I realized I wanted to do something concrete that had a very sharp focus on patients and where I could measure results and show that my contributions are making a difference. So I kind of came at that, a little bit of trial and error, a little bit of experimentation, a lot of experimentation along the way. The World Bank Group was an interesting hiatus in a way from healthcare, although the focus of my work there was access to all sorts of different services, including some health services, and again, the World Bank was a big part of the fixture of growing up in Washington, D.C.

It was always this sort of mysterious monolithic big building and lots of really interesting representatives from all over the world coming and going and I really wanted to see it for myself and I got the opportunity to work there for a bit. But I also quickly discovered that any big multilateral or a big government organization was probably not the right fit for me personally. I'm very happy other people find it to be so, but just a lot of bureaucracy and sort of checks and balances that I don't think I was predisposed to work through. But it was a fascinating exposure to, again, an agency that I've always been so curious about growing up so close to it.

**Taren:** Well, it is fascinating. Irrational, I don't think so, but that's just my opinion. But I can't imagine how those conversations around the dinner table where everyone is a lawyer and a judge and here you are looking at patient focused issues. That had to be – did you raise a few eyebrows in your family?

**Amy:** There was always a lot of encouragement to just sort of find your bliss, I think. So despite the kind of rule and order of the law and very expert debaters at the dinner table every night, it was very much open season for whatever – I have two younger brothers, whatever we've really found we were passionate about.

I will say that the legal profession for me was always so elusive because it just fundamentally wasn't concrete enough for me, and I think that might be due to a lack of brain power. I'm not sure what, but the discussions that would go on about what is the law, how do you interpret the law, when do you know that you've got a foundational law and that that isn't going to have a lot of interpretation. These are all existential discussions that I never felt like I got to the bottom of. Whereas, healthcare advocacy, patient advocacy you focused on access to clinical trials and you could measure in policy and then in numbers of patients who were engaged in clinical trial activity, like a before and after. And so for me that was just so important. I didn't want to be interpreting shades of gray – as valuable as that is – in the legal context I wanted to be able to say we work hard, we had an endpoint and the other side of that endpoint there was measurable positive change.

**Taren:** That's awesome. I'm curious, what sparked this passion for patients though? It doesn't sound like it was a part like you were exposed to. So how does this come to be?

**Amy:** Yeah. We got to know patients in our community and very, very, very close family friends were diagnosed with a couple of very difficult chronic illnesses in childhood, so childhood friends of ours and again in Washington, D.C. it's such a verified environment to grow up in where it's not, you know, you don't just sort of do a bake sale, which is again valuable. But you actually go knock on the halls of Congress and start talking about patient's issues. That's sort of how we spent our time as weird as that – I found out later, as weird as that was two relatives from the world. There was a phase to the patient's very early, it was a humanized group for our family, very young in life and then we had this outlet right down the street at the capital to go and make our voices heard and that was generally expected of us as children growing up in our family.

So I think that really did just for me I felt this just deep sympathy for the patients we knew and then increasingly got to know other patients outside of our immediate community and then to see again how the opportunity to participate in experimental medicine for those patients who had exhausted all the standard lines of therapy or patients who wanted to share their stories and understand how a new program, a new clinical opportunity and on a Native American community, for example, that we worked hard to instill – how that actually impacted their lives. I think it was always for me very humanized whereas by contrast the law was this sort of amorphous dehumanized entity. So there was stark contrast there for me really early on.

**Taren:** Gotcha. But what a great opportunity to be able to go into Congress and see how that all works and affect change from really the place where it needs to be affected, so what a great opportunity for you.

**Amy:** It was lucky. It was very lucky. Yeah.

**Taren:** Amazing. Amazing experience I'm sure. Tell me about launching Vineti. So what led you to take that leap?

**Amy:** So my whole career I've been really interested in personalized medicine, really rooted in that first activity around patient advocacy that also allowed me even though I'm not a scientist, I'm not a clinician access to medical science really ahead of the broader population in many cases because we would use those discoveries or proof points in medical science is part of our advocacy work. So I had this really interesting line, a very fortunate line to medical science and scientists early and that is really what shaped, that is the true line. This patient work and patient focus and then personalized medicine is really what connects the dots after graduating from graduate school for the rest of my career.

And Vineti came into being because we had a very organic problem to solve, which really represents sort of a whole new frontier of personalized medicine. Personalized medicine has been making unbelievably rapid advances and really especially in the last 30 years and really in the last 10 years there's been a market acceleration and discovery, some foundational kind of underlying principles like the CRISPR technology which is a genetic engineering and modification tool that is just transforming medicine for example. We're seeing, of course, we had the genomic sequence, that milestone that we achieved earlier in this century. So there's a lot of pieces that have been coming together and Vineti came about because the first CAR-T therapy, which is the first cellular therapy that is in this CAR-T mechanism which is essentially again a genetically modified mechanism was curing late stage pediatric leukemia, a form of leukemia that was essentially had gone through chemo and radiation and all the other lines of therapy and these patients were at the end of the line in terms of what western medical science could really offer them.

And so there were some phenomenal researchers, University of Pennsylvania among other centers of excellence who are essentially harnessing the body's own ability to fight disease by giving T-cells, which are the immune cells in our body, specific targets to fight, in this case, pediatric cancer and we were seeing miraculous cures of these young patients who, again, didn't have any other opportunity for any other kinds of therapy – nothing had worked for them. And those CAR-Ts were really essentially removing all sign of cancer from their bodies, really entirely removing cancer. Yet now a woman – she was a rising teenager 7 years old when she got her first CAR-T, a wonderful, wonderful patient advocate, Emily Whitehead was the first recipient of this CAR-T cell therapeutic technology and she is, thank God, with us today, very active, sort of normal, healthy, vibrant life, and they were really helpless before they were able to receive these therapies.

So I was in venture capital at this point when Emily received her CAR-T therapy in Philadelphia, and we were looking at all of the opportunities to take this remarkable ability to solve cancer in the late stage, very ill patients and realizing it was also the most complex therapeutic process the world has ever seen. And how do you take the most complex personalized therapy because you're essentially taking a patient's own cells, own immune T-cells, disease-fighting cells and you're giving them a target and then reintroducing them into the patient's body so that they can go do the work they were meant to do. How can you do that at scale? How can we treat millions of patients with these therapies, and not just one by one, and relegate the therapeutic access to a few patients. And that's really where Vineti came forward.

It was what do you need to do for a whole new wave of medicine to ensure you can scale that one to one therapy into truly individualized, truly personalized therapy for really for the masses and really democratize access, and our software does that. Our software allows for this very complicated production and delivery to occur at scale and ensure that the right patient receives the right therapy at the right time, that Taren, I don't get your cells, you don't get my cells, those are dangerous even deadly events if that did happen. So we're essentially reimagining the supply chain to allow for mass customization of medicine, if you will.

**Taren:** Wow. That's amazing. Wow. But still in all, what a leap to take. I mean I know you had a venture capital background because you did some work with General Electric, correct?

**Amy:** Yes, yes.

**Taren:** Did that kind of help you formulate this idea for Vineti...

**Amy:** Yes.

**Taren:** ... where you got the name from because Vineti is that Latin for grapes or drinking wine?

**Amy:** It's Italian tire company. No, just kidding. ☺ Our venture platform at General Electric really did make it possible to found this company, because in addition to investing in important technologies to serve personalized medicine, that was a big part of our remit, we also had the power to create new companies. And so when we identified there were really significant gaps in the market and the best way to plug those gaps was to form independent companies with independent incentivized owners/employees really dedicating their expertise and their swept equity to doing very hard work to reimagine the new supply chain for personalized medicine.

We had the opportunity to put a thesis forward and so we got a lot of wonderful input from all of the General Electric partners and customers and the KOLs. GE has done a wonderful job cultivating networks and industry expertise. We were really fortunate to leverage all of that and then we were also able to invite other partners in. So the Mayo Clinic became a co-founding partner, one of the leading centers for personalized medicine in the world. We had participation from some of the big pharma companies who lent their expertise and insight knowledge into the formulation of the concept for our company. We talked to patients. We talked to providers, the regulators.

So we had a wonderful kind of it was – this was not a garage Silicon Valley startup. We had a lot of channel access and lots of, frankly, resources of all kinds to leverage to get to. Is there a unique company here to start to solve a unique problem statement and the answer to that was a resounding yes.

**Taren:** That’s amazing. So congratulations to you. And let’s talk a little bit – I mean let’s shine a little bit of light too on the awards you won for your technology and it’s from the World Economic Forum. What did this recognition mean to you? Was that a great validation for your vision?

**Amy:** Yes, it really was. The World Economic Forum is again like the World Bank is kind of one of these wonderfully mysterious, powerful, influential groups out there that is – you know, you don’t always know what they’re doing, but you know it’s important. And so I think they do have this technology pioneer program where they choose 100 different companies a year to focus on and kind of hold up not just because they’re doing something really hard. I think that’s universal in the pioneers group that they choose, but it’s really hard and it has value beyond just the sort of primary markets in the world and we did solve – we did found our company really to address democratizing access to the highest value therapies in medicine because right now because of the complexity of truly precise medicine, it’s also more expensive. It’s more expensive to produce. The pricing is more expensive unless you happen to live near the Mayo Clinic or near Memorial Sloan Kettering in New York City or one of the big centers of excellence.

Often in the wealthier nations, you’re not going to have access to the experimental trials in this market in this field. So it’s really unfortunate. It’s created a sort of caste system around who gets to participate in this remarkable next phase of personalized medicine and we really seek to extend access because we are simplifying this complexity in the supply chain. We are allowing the orchestration of the supply chain to go regardless of geography, but to go places that it’s never gone before literally, quite literally logistically to serve other markets that are often disadvantaged especially with newer therapeutics or more expensive therapeutics. So I think that the World Economic Forum really understood that part of our mission and vision. It’s a very tight, very intrinsically motivated team we have been fortunate enough to assemble and there’s a high degree of commitment too. This is just for the wealthy fortunate nations who happened to be closed to the best centers of care in the world. This should be really accessible for all.

**Taren:** I love that that’s part of your mission and creating that democratization of personalized medicine to reach those far reaches of the globe and it’s really quite inspiring.

**Amy:** Thank you.

**Taren:** Yeah, no. Tell me how you – that kind of goes towards your leadership of the company. It all stems from your vision. So how do you communicate that to new employees? How do you bring in new partners? What does that feel like for you when you’re out there talking about what you all do?

**Amy:** Such a great question. So we spent a lot of time in the very first stages of our company coming together around mission and vision and having those statements be articulated not just sort of from on high at the board level and disseminated to the team, but really generated by the team. And so that was our first step in a level of ownership and commitment to what's really why are we here, what are we really seeking to achieve and that mission and vision is to ensure that personalized medicine is extended to all patients. That's really what we are doing everyday if you boil it down to its sort of most elemental parts.

I really work hard too and I know that there are ways to improve my practice today, no doubt, but I really work hard to try to be a servant leader for Vineti and our team and I do think it's material that my work as a patient advocate which continues and will always be, frankly, my primary identity regardless of what I happen to be doing with the bulk of my time day in and day out, I'm underneath it all. I'm always a patient advocate first and foremost. I do think that comes out in some of the decision making that we have had to make as a company, certainly how we present and share our mission and vision. We do that routinely in our sales efforts and the partnerships that we develop. It's really in front and I do think that that I hope that is now really just intrinsically a part of who we are and that we're not just building real class software.

We do of course, you get great deal of pride out of the quality of our software and what we're building, but it's really the purpose for that software. So I'm sure again there are ways that I can do even more to really bring more of a full picture of the mission and vision to our work everyday and to the ecosystem we work in, but I think the awareness of the importance of the mission and vision is step one and the ownership of that mission and vision around the whole team is what we seek to support everyday.

**Taren:** That's awesome. Well, your extracurricular like activities also extend themselves to that vision. You are a member of the Foundation for Cell and Gene Medicine. And you also co-founded what was Proposition 71, correct, California's \$3 billion stem cell research initiative.

**Amy:** Yes, yes.

**Taren:** So you're in it. You're all in.

**Amy:** I know. They can't shake me. I do think we have – if we think back about some of the major movements in medicine, look at HIV/AIDS and the role the patient advocates had in bringing awareness and funding to a really focused execution on solving that virus. For example, breast cancer – breast cancer is another wonderful movement that continues to this day, which has just showed an enormous groundswell of mostly female, not exclusively but mostly female advocates coming together organizing. But it's really just the sort of last half of the last century forward that patient advocates have really claimed their seat at the table and there's always more work to do.

I think when you shift the focus to personalized medicine arguably there's even more of a right to have patients who sit at the center of their own therapies really participate in levels in many of their therapies to have an even bigger voice at the table and be a point of influence. I think

that's an incredibly positive trend and we'll also see I think other inadvertent benefits. It's like for example, we still in this country in the US have huge issues with compliance. Patients even who want to get better, who want to be participants in their own healthcare, the compliance rates are still dismal. There's just a lack of education and awareness about what it means to be proactive in your health, what options are available if you do get sick, how you have to behave and participate in those options. There's just a tremendous amount of work yet to be accomplished. So for someone like me, there's a never-ending line of things to do, no matter where I happen to be hanging my professional hat at any given moment.

**Taren:** Absolutely. I often think that if humans were embedded with the check engine light, like cars would, they'd be in a much better place.

**Amy:** Yeah, totally.

**Taren:** We've talked a lot about what you're doing at Vineti and it's fascinating, and I want to commend you and congratulate you on the great work you're doing. I'd also like to talk to you a little about some of the trends you're tracking through your work at GE and starting up some of those companies and what you look for in terms of companies that were able or looking to solve that big problem as you called it earlier. Tell me what you look for in terms of those opportunities because I'm sure some of them are still popping up for you in terms of what you're even doing at Vineti right now.

**Amy:** Two main things I was always as a venture capitalist always looking for and I still look for in our partnership, so as a startup we love to focus on as many partnerships as we can, but to some degree we have to be really focused and selective about the deeper, deeper relationships we form because we just have not enough people or time in a day.

So it's interesting some of my venture principles I do apply in more of an operating model as well that the two key things I always look for right off the bat and really, frankly, unfortunately venture is a lot about disqualification which is an unfortunate attribute about that work, but just because there's so much opportunity and interest in venture capital, so many entrepreneurs seeking support you often end up poking holes as a venture capitalist and well we disqualify companies right off the bat is two things.

One is they didn't have a really clearly articulated problem statement and solution. So super simple, super clear no matter how complex the context was or either the problem statement or the solution statement was just to be able to say clearly and distinctly here's the problem we've identified and here's why we can say it's a distinct problem and here's the solution we proposed to address this problem and why we believe this is the right solution. So everything was always anchored for me on making sure that was clear and then the second important consideration was really the quality and alignment of the team. The alignment really was back to the first principle than problem statement and solution statement.

Was there alignment around those two? Were there I'd say supporting and complimentary expertise sets to support the points of view around problem statement and solution statement.

That, and then just the general sort of quality and commitment I always look for in teams, again, whether they're partners or were entrepreneurial teams, a level of commitment to, frankly, something bigger than themselves, so whether again it was a business concept. It could have been another startup. It could have been – it's something where the effort required was very significant and often put them at risk and they did it for passion. There was something passionate about – again, it could be pursuing a Ph.D. It could be something really going really deep into a topic of true passion and then applying that knowledge to a problem solution statement, but something that showed a level of grit and commitment and passion and some durability along those lines.

I think those are always the – for me, because one thing you know about entrepreneurship is it's going to be much harder than you think. And you think it's going to be harder – you think it's going to be hard and you're right, but it's going to be vastly more difficult than you think so you really have to have confidence that the core team has both alignment around what they're seeking to do and why and then the knowledge, expertise and just the sheer grit commitment capability to get it done.

**Taren:** I couldn't agree with you more. You can't underestimate enough how hard it is or overestimate how hard.

**Amy:** No. You just don't know what you don't know and that's got to be part of the allure actually just in the same way that no one tells CEOs that it's going to be an immensely lonely journey no matter how wonderful and incredibly experienced and confident your team is there's always going to be a series of calls you have to make usually everyday, that really are about you alone making a decision and that's – that's got to be part of the allure. That's got to be part of the excitement and the interest in solving problems and using the benefit of input from team, but knowing that you're going to have to rely on yourself to some degree if you are sitting in that pole position. There's always like a flipside to yeah, it's going to be hard. It's going to be hard to start a company, but you're going to learn more rapidly. You're going to stretch your limits. You're going to find different aspects about yourself you never understood before, never even knew existed before and so that's got to be part of the excitement about the journey.

**Taren:** I agree with you 1000% and I don't know that being an entrepreneur is for everybody because not everybody relishes in those roles – not everybody revels in that kind of discovery nor that riskiness or that adrenalin rush that you get from it, and that's okay.

**Amy:** Yeah, it's back to the irrational statement. You do have to have a level of irrationality to do this kind of thing, and that's okay and that as long as you own it authentically, that's great. It's just it's crazy.

**Taren:** If it were easy everybody would do it, right, so there you go.

**Amy:** Yes indeed, exactly, exactly.

**Taren:** You've talked a lot about personalized medicine and your passion for it and let's talk about some of those trends too that you're seeing. From our perspective, we're seeing the science almost outpace everything else and everybody else is trying to keep catch up to the science, which is an unusual position to be in. So what are you seeing?

**Amy:** Same thing. You know the expectation of the market in cell and gene therapy is first of all it's the highest growing area of therapeutics.

**Taren:** Hot, hot, hot.

**Amy:** Yeah. So that it's growing. It's still relatively early because, again, we just begun this paradigm shift and that the underlying medical mechanisms, the actual technology of the therapeutics in cells are just iterating unbelievably fast, but the market itself is also coming up. There's all sorts of different projections and estimates around where it's going to go, but next five years it should be somewhere between a \$70 to \$100 billion market just on cell and gene therapy side. We're seeing over 1,000 companies that are they're actively working today in this market, which may not seem like a big number, but it's actually when you think about many of those companies have multiple shots on goals so they're looking at multiple targets, multiple therapeutics in one setting. It's pretty amazing how fast.

And you're actually right to say that to some degree this paradigm shift in medicine has caught the enabling infrastructure like the cold chain providers and supply chain of couriers, especially couriers who fly these therapies from point A to point B a little bit unaware – not to say that these are all incredibly competent players in the market and they're working hard to build for purpose or update some of their technologies or their services to really be more custom fit to our market, but it's a struggle to keep...

The other part of this, Taren, that's very new and unusual is the physicians are being asked to participate in the manufacturing process. That has never happened before. Typically physicians, oncologists or any of the specialists that are dealing with some of the illnesses we address will order a drug or they'll order a chemo cycle or they'll order radiation and they will have nothing to do with the manufacturing of it, but because there is a dependency on the patients in many of the protocols we work with patients donating cells that become the foundation for their own personalized therapies. There are implications for these physicians who are already overburdened in clinics, but now they're a part of a manufacturing process that brings different liability, different participation, different behaviors. So it's not just the technology, the manufacturing tools, some of the other logistics providers that are really working hard to keep up with the science. It's also the healthcare physicians, the HCPs, the networks, everyone is working hard to make sure that they understand and try to get to as much of a routinized understanding of what their role is to support these therapies and these patients and we have a lot more work to do.

**Taren:** Wow. You opened up a whole Pandora's Box there. You're right about the–

**Amy:** Yeah.

**Taren:** You're part of this. I think it's going to be fascinating to see what the next few years brings to bear especially as I said before this is a hot, hot topic right now. This is a hot area of study and scientific study, so we're going to see what we see and where we go. It's going to be pretty fascinating.

**Amy:** Yes indeed. Buckle your seatbelts.

**Taren:** Exactly. We're going to go back to a statement you said a little bit about being CEO can be rather lonely and I would imagine being a female CEO amplifies that at times because we're still not a place in the lab sciences where there's an abundance of women sitting in those CEO roles and as such you are naturally going to be looked at as role model. How does that mental responsibility sit with you?

**Amy:** To be honest, I always am more concerned about what I had yet to learn, what I have yet to adopt as a part of my ability to lead well and lead with data, lead with information. So I'll give you an example. Just earlier this morning I was on a call with one of the big five pharma companies working very aggressively in cell and gene therapy. There were probably 10 or 12 people on the line, all Zoom from various parts of the world, you know as I said multinational company and including our team and I was the only woman and it struck me. It's not the first thing I noticed anymore because it's so routine, but it struck me this morning because the conversation was extremely technical and we are talking through requirements of multiple products and multiple markets and there was still a level of deference to me.

Certainly from my team when we were talking through a potential timeframes for decisions and I was probably all told the least technical person on the call and the only woman when again given the functions that each of these partners are representing and our own teammates representing on the call and so those are the moments where you say well, I have a voice and I have the responsibility. I know that I don't have all the information. I certainly don't have all the training, certainly not the kind of specificity of training, for example, represented on this call this morning, but I have different training and I have even more responsibility overall.

So my job is to balance the input I'm receiving from folks who have different core competencies on my team on our partner's teams and then take their input and match it up with a whole series of other considerations that I'm shielding them from and that they are part of my role as a CEO. So I have to remind myself in a pretty routine basis that my job is that the purview of my job is broader than any one single conversation where I might be outnumbered in terms of my gender or my expertise and that I will still provide value to the conversation even if it's of a different kind.

**Taren:** Again, you probably don't notice it, but I bet you find yourself in those positions more often than you even perceive as the only woman.

**Amy:** Yeah, no doubt.

**Taren:** Aside from taking the irrational path, what advice, if any, do you have to women who are looking to ascend to that C-suite? What are some of the lessons you learned along the way?

**Amy:** Well, one thing that this particular chapter has taught me in a way that none of preceding chapters did is that no matter how big or small the problems you're going to be facing as an entrepreneur and a CEO there is a pathway through and the pathway – so that even when things in my earlier, you know, this is five years in now so my earlier couple of years, virtually every decision felt like it was do or die and there were different stakes. There was more risk or earlier. There always is earlier, so in some cases they really were do or die decision, but not every decision was do or die or not every milestone was absolutely do or die and I put a more than an amount of pressure on myself I think, frankly, wasting energy in many cases because I just assumed a fairly black and white, okay, we either do this, we either bring this investor in or we don't have a future or we hire this remarkable expert or lure them in as an advisor or we don't have a future, that kind of mode. There were some things that are motivating, but it's just usually not true.

**Taren:** Talk about living on the edge of the cliff all the time. Wow.

**Amy:** Yeah. It's just unnecessary sort of gratuitous pressure. Different dynamics motivate people differently, so for whatever reason that high stakes every moment counts really motivated me early, but it also exhausted me and I think in retrospect unnecessarily and I would just say for folks who haven't been in the CEO role or entrepreneurship role or both at the same time before, there is such wisdom to the be kind to yourself, press yourself because of course you're going to need a lot of activation energy, you're going to need stamina and grit. It's going to be harder than you think, but reserve a portion of your own time to take care of yourself, take care of your loved ones, realize it's a marathon on a sprint. Don't be so hard on yourself. Again, try to really, really challenge yourself to see whether this sort of do or die situation is in fact that because I would say more often than not especially if you've done the hard work upfront meaning like back to my role as a venture capitalist is you have a real problem yourself and you have a real solution and you have a right to play in that solution.

You have really a reasonable – you have a reason to be driving the solution. That means your purpose built and driven and you have great expertise guiding your and team and the rest of it you have support, you have good investors, like you've gotten if you get that. You know that you're on to something. You certainly don't – if you don't have those things, then I would say it really is truly irrational to go forward because the odds are still heavily against. So if you've done your work upfront then just you're going to have to work harder than you've ever worked before. It's going to be harder, but the gratification is going to be greater than anything certainly than I've done and then also you just have to reserve some time to take care of yourself because things are going to work sometimes. They're not going to work some other times and that's – and sometimes you have control. Many times you don't.

**Taren:** Most oftentimes you don't control.

**Amy:** Yeah. You think you do, but it's a false perception and so don't beat yourself up if it doesn't go exactly as you expect and I do think that separates out a lot of the entrepreneurs I've seen and studied who have been objectively successful is that they take, they roll with the punches. They realized it's a long game. They learn from their mistakes and then they really discover what it is they can control versus what they can't control. They don't waste a whole bunch of energy on what they can't control and that's hard to do. It's like it changes daily. It's not something you could just sort of write on a wall and follow like a map. You're constantly adjusting and changing that perspective based on daily input and experience.

**Taren:** Absolutely and it's that experience because you just don't learn to give up control overnight. You have to – it's gradual, right.

**Amy:** Yes.

**Taren:** It's like boiling the frog a little bit at a time.

**Amy:** Yes indeed. That's the best way to change any behavior, a little bit at a time.

**Taren:** Exactly. We're going to end our conversation today as we end all of our WoW podcasts. I'm going to put you on the spot and ask you to identify an accomplishment or a wow moment in your career that either shaped your career or change the trajectory of your career, something that's had a lasting impression on you. What would that be?

**Amy:** When I was in graduate school, Taren, I co-authored a \$3 billion stem cell initiative. This was Prop 71 you referred to it earlier in the conversation and it – a bunch of my business school professors thought I was seriously crazy, more than just irrational, to try to put a sort of moon shot \$3 billion initiative on the ballot and ask the California voters – many of whom really didn't understand the basics of many kinds of science, let alone stem cell science, which is really progressive science and that it was just fool's errand that those were actually – that was the term, that was used more than once. Why are you doing this with a great education? And the fact is we built the largest coalition of patient advocates ever to back an initiative in the history of the country, and then we broadened that coalition to include remarkable scientists, Nobel laureates, folks who really put their time and energy into trying to educate people about the potential and the value for this amazing area of science. And everyone even the polls, everybody said you guys are going to lose. We had to raise \$30 million in taxable campaign funds, travel all around the country to raise that money, even though it was a California-based initiative, lots and lots of hard work and we won by a landslide in the end and nobody expected it.

It was really a moon shot and it was in a moment where we brought so many patients and leading scientists together and gave them a common goal, and that often like any area of society there's unnecessary in-fighting and scarcity of funding and all of that went away. There was a tremendous unification. Now just this last November we went up again in front of the California voters and we reauthorized the funding, another \$5.5 billion, much easier the second time actually because now a lot of the hard work had been done back in 2004 when the first initiative

was passed. So I think that moment for me was the power of patients, the power of science giving a broad set of diverse people a common goal and giving them really clear and explicit guidelines for how to show their commitment and what actions that they needed to take and when and how and really resulting in something very meaningful that has changed the course of medicine for many, many patients and we're just beginning to see the true benefits. Now, we just have to make sure we can scale those benefits and democratize access to them.

**Taren:** Well, I don't know that wow covers that. Holy smokes, that's amazing.

**Amy:** Well, it was irrational. That's really what it was, but it was fortunate that it actually worked in the end.

**Taren:** Well, you know thank goodness that you are irrational for all those patients that you're helping because without that where would they be. I mean that is a tremendous accomplishment and especially back in 2004 where there wasn't a lot known about the science that you said where there was doubt about the science where it really was not that popular, so to have been able to do that and accomplish it and then accomplish it again is truly amazing. Congratulations to you.

**Amy:** Thanks. I really can't take any credit for the reauthorization. Those are my colleagues who took it forward, but that the foundational effort we – it's a lot of hard work from a very broad coalition of people to get that done. It really was a remarkable achievement for science.

**Taren:** Really is thought-provoking and it shows the power that just a few people can have.

**Amy:** Yeah. Is there a problem and is there a solution? The problem was there was suddenly zero funding for stem cell science at the federal level. The solution was take the leading bioresearch capacity in the country which is all housed in California, give them a substitute national level funding capability and continue a stream of funding and let them go to work and then get all the important expertise behind both the how to spend the money and how to mount a campaign, but it was. It's like it happened to be in the public domain and for a public, more public benefit, but it's kind of the same principle.

**Taren:** Listen, I want to thank you so much for your time and I love your irrational ways. I think you should continue.

**Amy:** Thank you.

**Taren:** I want to wish you all the very best and continued success with Vineti and thank you so much for sharing so much of your personal journey with us for this WoW podcast program. It's been a true delight.

**Amy:** Taren, thank you so much and thank you for this series. It's such an important focus and emphasis to have female voices get elevated and shared and distributed and I hope that there has been something in this conversation that inspires or causes more reflection among your

subscribers. Thank you for growing this network and thanks so much for spending this time with me today. I really appreciate it.

**Taren:** It's our pleasure and I think there are a lot of gems in here that people can walk away and take notice of and incorporate into their own journey. So thank you for all of that and I look forward to speaking with you again.

**Amy:** Yeah, likewise. Take care. Stay warm. Stay healthy. Stay safe. Take care.

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