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In this episode, Taren Grom, Editor-in-Chief of PharmaVOICE Magazine meets with Clare Grace, Ph.D., Chief Patient Officer, Parexel.

Taren: Dr. Grace, welcome to the WoW podcast program.

Dr. Grace: Thank you so much Taren. It’s wonderful to be here.

Taren: Clare, it is so delightful to connect with you again and congratulations on your new role as the first Chief Patient Officer at Parexel International. What does this role entail for you and how excited are you to get started?

Dr. Grace: Thanks Taren. I’m incredibly excited to get started. As you know, this is the first CRO to actually position a chief patient officer, and I think it’s an amazing step for Parexel to take. I’m thrilled to take that role within the organization, and I think there’s a lot that we can do both within our organization and within the industry to really support having the patient at the center of clinical trials.

Taren: It’s awesome. As the first, you are going to be the center of quite a lot of attention. So what do your first 100 days look like where you’re going to be asked to really make a mark?

Dr. Grace: Absolutely, and there’s been a lot of attention and so many people have reached out to me, Taren, across the industry. I’ve had over 500 different contacts to reach out, wish me well and also to comment on what a fantastic endeavor it is for Parexel to put this role in place.

I think the first 100 days really are about understanding the Parexel organization first and foremost, and all the wonderful things that have been happening there. I’m really forming a plan as to how we move forward to really ensure that the foundational work that has been completed over the last sort of two to three years is accelerated and has expanded and it’s really everything that Parexel do is centered around the patient and really putting the patient at the heart of everything that we do, but that’s just internally. Of course, externally there is also a sort of a sense that around sort of spearheading the role within the CRO industry and partnering with my counterparts in pharma to understand really what is the role of a chief patient officer in the CRO world. Because I do believe it is different from that of pharma and I think it’s a slightly different slant to what my pharma colleagues are doing. I’m excited, really excited, to be able to forge that path for the industry and hopefully there will be more along the way that join me in doing that.

Taren: That's excellent. Now, of course, I'm going to ask you what are some of those key differences that you see between that role of chief patient officer at a CRO and that at a pharma or biopharma or biotech company, for that matter?

Dr. Grace: I think Taren first of all, the many CROs, not all but many, it's very much they live in the development world as opposed to the commercial world. And so the interactions with patients are quite different. They're centered around that research base for the vast majority.

And then secondly, many pharma companies have very long existing relationships with patient groups and patient advocacy. They're often developing a compound that has a follow on compound and compounds and they're in an indication or space for a long period of time, particularly large pharma. And yet, as a CRO we often partner with those organizations in many different ways. So we could be a strategic partner and a self-service provider and hence, we can work to facilitate those relationships over a long period of time. But for other clients, we may have a very transactional relationship. Or for biotech it might be almost a one-product company. And so if that product doesn't survive through clinical development and launch, that relationship that is developed with patients and patient advocacy and the needs is a much shorter time period and much more transactional in nature.

So I think that needs to be transparent to patients that whilst our pharma partners in biotech are there to develop medicines and service patients in a way that's slightly different to a CRO, we are that development since but we don't market those medicines and we don't maintain that relationship over much, much longer period as a whole in general. So I think that's a key difference from our pharma partners, Taren, that we need to consider as we're working with patients.

I think on the other side of that coin, the volume of clinical research that CROs are involved in is huge, much more than any individual pharma. So I think we have a real opportunity here in terms of the operation aspects of running trials to ensure that we are incorporating and keeping the patient at the heart of everything that we do within the operational aspects of clinical trials as well. So making sure that the protocol serve these patients well and that the way that we conduct those protocols it services patients as well.

Taren: Clare, it also feels like there is an advantage too from the CRO perspective in terms of the number of different clients that Parexel has the opportunity to partner with or work with so you're able to really accumulate a lot of different patient stories, if you will, or patient scenarios because of the wide variety of different protocols you might work with and the wide variety of sponsors you might work with.

Dr. Grace: That's absolutely right, Taren, and every sponsor brings a different flavor, a slightly different culture that they have and a different level of desire and ability to interact. Some of our sponsors are very small biotech who maybe have never worked outside of the US before, for example, and we're able to help them understand the differences of working with patients and servicing patients outside of the US and other countries, other regions like Asia and Europe

amongst others. So absolutely I think that breadth of experience is incredibly helpful to many of our clients.

Taren: I would think too because finding where those commonalities are would also be helpful, and it might be something that you might see that even your sponsors don't understand that what they're experiencing in one hand is very common with one of their peer companies, yet think that they are so unique in that challenge and understanding, a greater understanding I would think, a holistic understanding, if you will.

Dr. Grace: Absolutely. And you know if you look at some of the challenges that we're facing at the moment, things like the rapid transition to decentralize trials, diversity challenges and absolutely we're seeing different companies implementing strategies and tactics and operations to address those two key areas very differently. And so we're able to understand what works really well, what doesn't. We have a breadth of experience and are able to support clients in choosing what we think are the best solutions, the solutions that really enable us to attract more patients, work with more patients in a way that's easy to do business with the patient, if you like, it's obviously not business to a patient, it's their life and their medical care, but in a way that is easier and less burdensome to a patient. And then therefore, we are able to really support and drive, I think, to take a key role in driving some of those new methodologies, new technologies that we're using in decentralized trials and also just how we manage complex challenges like diversity, how are we ensuring that we are including multiple different groups and mirroring the actual patient population. So yes, we see a wide range of ways to implement and are able to very quickly discern a good way forward for particular clients.

Taren: Perfect. I think that it's going to be so interesting to speak to you in a year from now to hear what some of those lessons are, some of those insights that you've gained through the different strategies that you're going to be putting forward over the next year to two years to three years. But I do have to ask why was the timing right now for Parexel to have you come onboard as a chief patient officer.

Dr. Grace: That's a really good question. I think Parexel is in a very unique position. Parexel has been in the industry for a very, very long time. I have such respect as an organization because of the longevity and the experience base that sits within Parexel. I think in the last two years, three years the thing that's really interesting is that Parexel is really pivoted around innovation and driving forward a culture particularly of patients being at the heart of everything that they do. And I think those three things coming together, the fact that this organization has a large global reach with longevity and experience base that is extensive, coupled with the fact that it really has a very entrepreneurial and innovative spirit and culture within it at the moment and really wants to drive forward new ways of working, and then the fact that keeps that culture of the patient at the heart of everything, it really does make sense that in a very busy, large, complex environment such as one that Parexel works in that you have somebody who is able to really lead these activities at a very senior level.

If you really want to be a patient-centric and patient-led organization with all the benefits that that brings, you really need to make sure that you are leading that within and putting the

priority on that is necessary. I think Parexel clearly have put this position in place because they believe (and I believe) fundamentally that by creating clinical trials that are easy for patients to participate in that they are – that you can create awareness strategies so patients know those trials are there and you remove the burden for sites and for patients to participate in those trials, then really you're going to be a lot more successful in delivering those trials.

I think it's phenomenal that Parexel have taken this step. I'm really excited and humbled to be selected to lead this way forward for the organization. But I think it's a great time now for Parexel in their evolution as an organization to take this step.

Taren: I think you're spot on and I think it really does put the exclamation point on their mission of everything you do is with heart and everything they're doing is for the patients and it's now, they're walking the walk and talking the talk. I think you're obviously an ideal candidate for this position. You've got tons of experience coming from your previous roles at other CROs as well as in other drug development positions. What are some of those lessons that you learned that really gave you that confidence to take on this C-suite position?

Dr. Grace: It's a great question, goodness. I think, Taren, a couple of key things. It's really for me is probably collaboration and communication and that really fits within the organization externally with patients, it's key. If you're not communicating effectively with patients and that's a two-way thing and collaborating with them, you're really not developing the drug for them and with them and that's the key piece. So for me that holds true internally as well. As a leader, it's really important that you can stretch across an organization and see the pockets that can come together and have that vision of taking different elements from an organization and making it more than the sum of its parts.

I think that it's really critical for driving forward some of the pieces that we want to here at Parexel. So collaboration is huge, being open to that, being open to trying new things and listening to what people want and need and then delivering.

And the second piece I would say is it isn't always about the latest, greatest thing. Often and more often than not, it's about doing the basics and the fundamentals really well. I think sometimes we chase after something that's innovative and new and whilst there's an absolute place for that and it's one of the things that attracted me to Parexel, there is absolutely a case for doing the fundamental building blocks really, really well. I'm an advocate for that, and if you have that right and you have that in place, then you have the perfect platform within which to embed your innovation. And so for me, I would say it's that; it's really about being collaborative and communicative and then really doing the basics really, really well.

Taren: That's excellent. Full transparency, you and I know each other quite a bit and you were a PharmaVOICE 100 honoree a couple of years ago, so obviously I think you are a superstar. And some of the things that you and I have talked about in the past has really been centered around patients and you have a really keen understanding of what it means to keep patients at the center. What are some of those like residual challenges though that you're still seeing in terms of other organizations that say they want to put patients at the center, but really don't or really

aren't able to? What advice can you provide to some of those companies? What are some of those fundamentals, as you just mentioned, first steps that they should take?

Dr. Grace: That's a great question, Taren, because that's something that we see a lot in the CRO side of the industry is that we have some very large clients and it is a really hard thing to turn a big ship like that. Many clients will come to us and say we really want to do this, but it's so hard to implement within our own organization; there are so many competing priorities and we're so big and we don't know where to start. So as a service provider, it's our job to be able to offer value and service lines that support their needs and often it's easier sometimes for those organizations to execute those desires and that wish to be more patient-focused and patient-led through the CRO partners and through their service partners. And I understand that having worked in large pharma too, there's a lot going on and it can be very challenging. So absolutely, our role really is to have very tangible service offerings where we can support that.

For example, if you take the recent COVID crisis, Parexel very rapidly transitioned over 100 studies from a traditional model to a decentralized model in a rapid period of time, a couple of months really. That's an incredible pivot to make. But because we're able to bring together some key pieces, because we have an understanding of the different technologies and methodologies out there, we were able to go to our clients and say we've looked at your protocols and we think we can do this, this, this and this to transition your trial into a decentralized model. And that has been phenomenally successful, and I think that's what our clients need. They need us to be proactive and to go out to them and say this is how we think we can help you.

Things like, we have a patient advisory council. The information that we can garner from sitting down with our patients is tremendous. And if clients have particular challenges in particular areas, maybe it's a rare disease for example, a huge area of growth at the moment for the industry and a massive area of medical unmet need and generally by talking with patients in those areas, you can very quickly and very rapidly understand some of the pieces that you need to put in place to be able to encourage those patients and support those patients in enrolling and staying within clinical trials and retaining them in clinical trials.

And so again, those are the sorts of things that we can offer that maybe a small biotech who has only ever worked in the US or in Germany or even Korea, we have a lot of biotech activity in Korea, they may not understand the landscape for patients in another country and so being able to talk to some of our patient advisors in that way and offer that service to our clients we're really helping them. So there's a lot of things that we can do assessing the burden of a protocol that really it's very challenging for a sponsor to do.

Taren: Absolutely. You mentioned a couple of times about decentralized clinical trials and it's obviously the hot topic right now, it's a movement that started maybe a couple of years ago talking about the hybrid trial, how can we decentralize some of these elements from a clinical trial. What do you see the future of the decentralized clinical trials to be?

Dr. Grace: I think the hybrid trial is definitely here to stay. Let's be clear about that. I think we've made huge progress and had to with the COVID pandemic, and I think that's really helped us in the industry in a couple of ways. It's really helped us with awareness with patients of clinical research. I get my friends calling me and saying 'do you think that vaccine is being properly developed and do you think it's safe.' I don't think I've ever heard of one of my friends ask if any drugs that they take or medicines or therapies have been effectively tested and are they safe before. That's a new one that's very welcome I have to say. So awareness now is at an all time high, I think in all honesty, and that's key in transitioning to hybrid studies because patients need to be aware to be able to access them. And for them also, I think really to ask their physicians is this something I can do, but also to do some of the steps a little bit differently. Because a patient going for a blood draw at a local pharmacy is very different to going into seeing their physician for that and doing their diaries at home, which is a lot more intense really and having virtual visits and Skype calls and Microsoft Teams a lot of the time now as well and the different platforms. I think just having that awareness and those sort of issues of not wanting to access sites at the moment has really helped us to drive that forward.

So I don't think this will revert backwards. I think the key thing for us moving forward with virtual and the hybrid studies and decentralized studies is ensuring that we keep the good and we remove the things that didn't work quite so well. There will be a bit of a shakedown I think that will be needed to really effectively drive them forward. But I think the time is ripe for the industry to come together and really put some framework around hybrid and decentralization of trials because I think it's really critical that we are able to move forward in a collaborative way and in a way that is orchestrated effectively for the industry as a whole.

Taren: I was going to say I couldn't agree with you more about the collaboration around all of this because it's going to take a collaborative effort to make sure that everybody is working in the same direction. The last thing you want, or we would want, as an industry is to lose the opportunity and the advantages of this time.

Dr. Grace: Absolutely. We need to capitalize on that and we need to drive that forward and to do that in a way that is collaborative across the industry that is streamlined and within a framework that the industry as a whole can work behind I think will be absolutely key to ensuring that we are able to maximize the number of studies that are able to run on a hybrid platform and then maximize the amount of opportunities that we have to create less burden for patients and more access to clinical trials.

Taren: I love that point that it's the lessening the burden on the patient and increasing the availability of the clinical trials because that's really what this all should be about. So I love those thoughts. Talk to me a little bit how you're building out your team. This is a new position and you're having to do it during the global pandemic, so tell me a little bit about that process for you.

Dr. Grace: Sure. It's new to us all working in a global pandemic, but – and I've worked remotely or worked home-based for a very, very long time so for me, being at home is no different to really in a pandemic really to being at home normally. Except that you can't actually meet with

your team periodically. But I think the key thing about building a team here at Parexel is making sure that we have the right elements brought together to really move things forward around, things like decentralized trials, diversity, rare disease, those sorts of things.

In terms of building the team, I'd say the team and structure are two very different things, and I'd rather talk about team than structure. The structure is neither here nor there really, in all honesty. It can be one of multiple. However, the team itself I think is really critical and the elements of the team. So I think it's really important that you have a team that share the mission first of all, that are flexible and are forward thinking, but also that are prepared to really dig in. Because one of the biggest things is when you're driving change and you're driving innovation, it's really ensuring that that change in innovation embeds properly and is retained within the organization and reinforced. And I think those are the sorts of pieces that really make the difference as to whether an organization is able to capitalize on change and innovation or not.

So it's really important that we have the business processes in place, that my team and the wider team at Parexel are ensuring that the steps that they are working on whether that be developing a protocol and making sure that patient groups have reviewed it or whether that be a new technology and making sure we have patients is on UAT or whether that be working with sites to make sure that we've got the materials to attract patients that will be centered around that particular clinical setting. It's really important that at every single stage of our process that where we need patient input, we are gaining it.

So it's more about having a team that are able to put that in place, but also that the wider team are able to access that and work through that and deliver upon that framework really.

Taren: Thank you so much for clarifying the difference between a structure and the team in terms of the people themselves and what you're looking for in terms of those team members. Because you're right, the structure can be here or there and everybody is virtual at this point, so that's really not the concern. It's about bringing in the right people to help you fulfill on your mission. How would you describe yourself as a leader if somebody wanted to join your team?

Dr. Grace: That's really interesting. I think what I strive to be is authentic, to be honest. We're all working through a pandemic at the moment where some of us are homeschooling – I am indeed. I think to be authentic and honest and open is really, really critical to really support your team. And the reason I think that's important is because we're all striving for the same thing and we will achieve it far faster if we have an open and honest environment where people can be authentic and honest and that where we have challenges we learn from those where something didn't go quite as we intended it to, we learn from it.

And so for me it's really important to have an environment that people feel safe that they know that they can trust their leadership and that we too can trust them. It's a two-way thing. So for me, that's a really big piece is just that authenticity and trust and then honesty and openness that goes with that and collaboration. I am one mind and everyone knows that the best thoughts and ideas and delivery and transition of thoughts and ideas into action really come

from the team. There is no “I” in team as many people say. So really it’s about making sure that I’m collaborating effectively across my organization, but also within the industry, across our industry. I think that’s a really critical part of my role and bringing back these learnings into our organization so that we can create better solutions for our patients and our sponsors.

Taren: Lovely. As a role model and as the first chief patient officer of a CRO, what advice do you have for other women who may want to take that leap into the C-suite? What are some of the lessons you learned along the way that positioned you for this role?

Dr. Grace: Oh wow, that’s a really good question. I think stay true to your passion in life. I think when your passion aligns with the objectives and the direction of an organization is when you’re really able to do your best work and excel. Having the desire to and always being focused on patients and unmet medical need and quality of life, but being able to position that into an environment that is equally moving in that same direction and wants to, I think, is a huge piece. So I would say understand what your passion is, follow your passion and with that you will find your tribe, you will find your organization, your team that really have the same passion in life.

And then the other thing I would say – and I say this to my team all the time – is dream big because you never know what you can achieve. My father used to say to me you can achieve anything in life if you work hard enough, and I absolutely agree with that. Nothing is unachievable in life. There’s always a way. So dream big because you just need to find the way to make it happen.

Taren: Love that. And finally, we ask this of all of our WoW podcast interviewees – please tell me about an accomplishment or a pivotal moment in your career, that wow moment that helped shape or transform your career – and I know you could probably tell me a dozen of them, but I’m going to push you to kind of think about one.

Dr. Grace: I think the biggest one was – actually very early on in my career I was a CRA in oncology. My background is in molecular oncology. I remember going into a site and reading the notes of a patient that was a subject on the study, and her life just lifted off the page and it was one of those moments in time where I just thought wow, this is an individual, this is a person. This could be me. This could be a friend. And everything that they were dealing with and yet they were taking time out to do research to drive forward a solution, and I felt very inspired by that individual. His name, I knew from the notes obviously, but it was a number in the trial effectively and that was one of the things that really made me think I want to be in this space. I want to do more. I want to create cures. I want to create a better quality of life for people. So I would say that was a really key defining moment in my career actually in driving me actually to this role of chief patient officer.

Taren: That’s amazing that one study protocol and reading one study protocol has led you through your career. I think that’s an amazing wow moment. Thank you so much for sharing that with us. Sometimes it’s not those big, huge moments; sometimes it’s those quiet moments that really have the biggest impact.

Dr. Grace: Absolutely.

Taren: So thank you so much. Clare, I can't tell you what a delight it's been to speak with you, and I wish you so much success in this new role. I know you're going to knock it out of the park. Parexel is so lucky to have you sitting in this chief patient officer role. I can't wait to see you again in person so that we can properly celebrate this tremendous accomplishment.

Dr. Grace: Thank you so much, Taren. It's been wonderful chatting with you. I've enjoyed every minute of it and I can't wait to see you again.

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