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In this episode, Taren Grom, Editor-in-Chief of PharmaVOICE Magazine meets with Nina Wachsman, CEO, Know Rare.

Taren: Nina, welcome to the WoW podcast program.

Nina: Hi Taren, thank you for having me. It’s a pleasure to be here.

Taren: We’re delighted to speak with you. I am so looking forward to digging in to your fantastic career journey. Let’s start with you had founded this company called Augur Health. Tell me about that evolution of that company and then we’ll jump into your next entity which is Know Rare.

Nina: Right. I think that what my journey is similar to a lot of what a lot of women go through in particular and I think we’ve evolved (thank God) to a more flexible work environment than when I started working. Because I actually started as a creative director in a traditional agency and I became – and then kind of hit a ceiling, which I’m sure a lot of women do, and then evolved from a being a creative director into becoming a director of strategy, which I then worked in some big major agencies. And that was really important because I got to have a real partnership with a lot of the clients that the agency served and it evolved into a real close relationship with clients, so I became almost like their consultant.

And they were reluctantly giving their business to the agency in order to have access to my services. And then I realized that all the time – aside from building the company’s business and not really getting that much of a return for all the work I was doing and all the benefit I was giving to the company, the other thing was is that I’d be stuck in meetings all day long, I’m really – and bureaucracies, and then I would go home and then my real work would start because that’s when I’d start working at home til late in the night. And I figured there had to be a better way. So that’s when I decided I went to one of my clients, who came to me actually and told me that he had a big project for me that would have been a very small project for the agency. And I told him I was thinking of leaving the agency and would that make a difference to him and he said, “No. Actually, I prefer it because I really don’t think that this is an agency project. It’s more of a consultant’s project, so I prefer that you lead.”

So with that project, he gave me the confidence to really walk out of a traditional agency and a 9:00 to 5:00 or a traditional workplace job which I’d been in for like 15 years throughout my career and never considered leaving. And as soon as I left and I told other clients that I had

worked with in the past that I was leaving, all of a sudden without even advertising or anything, I got huge amounts of work – so much so that the first year I started my consultancy, which was called Augur Health, which I called it Augur because augurs were used by the ancient Romans as strategists to tell them when or when not... they read the signs and tell them whether it was okay to go into battle or not. So I thought that would be kind of my role. I was being that kind of consultant.

The first year I started which was in 2006, I tripled my salary from when I was working at the agency. And then I realized there were so many other talented women who were in the same situation that I was that either hit a ceiling or they were balancing, trying to work with the flexibility of being moms and running a household. So I started adding people to my consultancy who were all women that I knew – senior level women who had left either pharma companies or pharma agencies but who couldn't work, who couldn't continue to work as they were in that kind of 9:00 to 5:00 office situation and needed flexibility. So a lot of these people started with me in 2006 and they still work with me today.

So that's how I got started. It was really trying to break out of the box and I'm sure to young people now it seems kind of archaic because a lot of them are ready to be entrepreneurs almost from the start, but in those days it was very hard to move out of being in a traditional role and trying to take on this new idea of being a consultant. I'm glad I did it because all of a sudden now my time is my own and I reap what I sow. And that's really the greatest satisfaction of working as an entrepreneur.

Taren: There is a great deal of satisfaction in steering your own ship, no doubt. So you are a consultant strategist and that is an amazing kind of place to be right now because you have seen so much through your career and you can really guide your clients to the best places they need to go. But as you said starting the business had to be a little bit scary and a little bit challenging. It's a big risk to leave a traditional job and go off. You were lucky enough to have one client and then have many follow on clients. You said the best part of being an entrepreneur is your time is your own, what's the most challenging part of being an entrepreneur? Any tips for those who may want to also take that big leap into the unknown?

Nina: Yes. Actually I've had that issue with some of the people that freelanced for us, some of our writers. One of our writers was an editor at *Cosmopolitan* and she also had always been in a traditional magazine and she was terrified of making the leap. And I said to her, "Just try it and see do what you want to do and you can always go back to a regular corporate job if you want to." That's what you have to remember; you can always come back. You can always redefine. You can always realign and do what you want to do. You can't always be afraid of just going down one path because there are so many opportunities out there and it's really, like they said, there's nothing to fear but fear itself. You really have to have the confidence to try it. And she did try it and she now works with us a lot on retainer, but she is her own boss and she's so much happier being on her own. It's unbelievable. Some people don't like that. There are other people we've worked with who are very uncomfortable working in this environment.

The other thing we've always been is a virtual company just because like I said, our staffing was always with people who needed to have flex time so they couldn't come into the office. So we've always had people from all over the world working with us as consultants. The challenges are you can fail, but you have to accept failure as part of the program and you move on.

One of the other things I did was I added my son to our partnership, and that's one of the reasons we founded Know Rare is because I realized as a consultant I didn't know – even though I started some digital ad agencies in the corporate world, I wasn't up to speed on the latest in digital, which anybody who's in their 20s is. They have a whole different view today of dealing with media and we don't. We read newspapers, they read newsfeeds. They wake in the morning and they're just used to tapping and just a totally different mindset. And in order to be in touch with that mindset, you really have to have somebody who's in their 20s. So he was working as a digital strategist at a large international agency and I think he was chaffing the same way I was when I was at later in my career under that whole corporate box of following the rules and doing things in like stepwise space and observing all the hierarchies. So when I told him I needed somebody to help me with digital, he just jumped at the offer and joined in with me.

And his flexibility – one of the things that I learned from him and one of the things I think that is very important for people to know today is that things are changing much faster than they ever were before. In the past, things kind of went their own way. Business models were the same. But in this new world and with the new evolving technology, it's changing year to year and the way you do this–

Taren: If not, once a month, right?

Nina: Yeah, if not once a month. I'm sure you've seen it in your business too. I remember the original newsletters and now it's all – everything is electronic, which is a lot better. You're getting higher reach. There's a lot of cost savings, but you have to be flexible all the time because you can't hold on to what you just did and say this is the way I'm going to do things. You have to have the flexibility to change everything within a year or a year's time and you always have to know that whatever you're in, your 1.0, there's going to be a 2.0, there's to be a 3.0. And I think that's the best advice I can give anybody who wants to go out on their own is really be flexible because you never know where your goals are going to take you and where going to end up.

Taren: I think that's great, great advice. I do have to ask though, how does your son feel about having mom as boss? Any issues there?

Nina: Oh yeah, because when we did have – we did have an office in Times Square which we just, due to COVID, dissolved and in the office it was me sitting with like four guys in their 20s whose conversation really revolved on like the boys and whether Batman was better than Superman and things like that. Although I like horror movies like they did, so I could talk about that, but when it came to like 5 p.m. they'd all go for a beer, and my son would give me a warning look like you are not joining us. So I realized that that's where the social – I was not

invited to socialize. Also a lot of times he'd come in and I'd say to him 'did you eat this morning,' and then he pulling aside and he'd say "You cannot talk to me like a mom. These are my staff, you cannot talk to me like that."

Taren: That's very funny, Nina.

Nina: We did go to a social media conference together once in San Diego and as we were introducing ourselves around the table mingling he said, "You cannot tell everybody that you're my mom because they will just think I'm like Norman Bates. So you just say you're my cousin. Okay?"

Taren: That's hilarious.

Nina: It's always a little bit uncomfortable when we introduce ourselves to new clients and I say this is my partner, Jake Wachsman, so I have to say he's my son, and I thought there'd be a little bit pushback on it, but it turns out everybody is fine with it. Nobody cares. We have different lines of expertise, so we work well together. So it doesn't work bad. But he was the one for pushing me in the new direction, which we did when we started Know Rare. I've learned a lot from him. I'm sure he's learned a lot from me, but I've learned an equal amount from him and in particular...

Taren: That's awesome. Let's dig into Know Rare. Tell me about what Know Rare is. Obviously jumping into that rare disease space there is a passion behind it because it's really a personal space. So tell me about Know Rare.

Nina: The interesting thing about the rare disease space is I got into it originally by accident, and it was very serendipitous because one of my original clients took a job as a lead of new product development in a company that specialized in rare disease. They were doing clinical trial recruitment, but the people that they were working with, they were working with the CRO, did not know anything about recruitment and didn't understand the real consumer mindset, and I had led a division at IPG and at Grey where my whole division was specializing in what we call patient mobilization, which is getting people to get more interested in their health and take action for it.

So I was very involved in the strategic elements in getting people to really take action about their health and going, joining clinical trials is one of them. So I got involved in helping them recruit three rare disease studies and it worked very successfully. I set up the whole system for them and then as we were working on one of these rare diseases one of my team members actually was diagnosed with the disease that we're recruiting for and that was kind of a shock. Like it's one thing when you're on one end and you're talking to patients and trying to understand them and trying to motivate them to join the trial and then all of a sudden somebody that you're close with has the disease and that you're looking it from a different perspective and I start to realize – and she started telling us all that she's going through and her frustration at not being able to find any information and you really, as a person with a rare disease you really feel even more isolated because your regular doctors you can't even rely

upon, and you're always looking for information. It's very hard to find it. A lot of these rare diseases are not covered. There's nowhere to look, there's nowhere to ask.

And then a short while later my daughter had a baby that was born and we learned after a long, long time of probably two years of research that he had an ultra rare disease, and he's gone through a lot of training and physical therapy and surgeries and he's fine now. In fact, my daughter said he doesn't know he has a rare disease because he's fully acclimated. But the biggest thing that she lives with and what I learned from my friend and my daughter's friends who all have – a lot of them who found out they have children with rare diseases – is you're living with this constant unknown. Because there's so few studies, there are no natural history studies, there are no huge studies, there are no guidelines, there's nothing available even for doctors who are experts in the field, there's so little information.

So your path forward is filled with complete unknowns. My daughter doesn't know what's going to happen year to year with him. Every doctor's visit she has to educate the doctor about what he has and what it could mean and give him literature to read because they live in a socialized medicine country where they get different doctors every visit. And so it's very difficult and you don't know what's going to happen when the trial goes through puberty and you don't know anything and there's nobody out there who can tell you what to do. And also I learned from some other people that became – that we learned about, as you start talking to people you'll find out oh, did you know this person was diagnosed with a rare disease, did you know this person, all of a sudden I'm finding out all these friends and acquaintances who had rare disease and they started contacting me and saying, 'Listen, my doctor told me you just go home and enjoy my child, there's nothing I could do and I'm not going to stand for this. I need to find out what research is in there.'

So I started helping them understand how to go in clinicaltrials.gov. I said even if there's no clinical trial for your disease state, look at like gene therapies or some kind of associated diseases and see if you can find the research, if they list the research organizations that are doing research there so at least you can contact one of these hospitals or research organizations or even the doctors who are doing research in this area so you can get some idea what the future may hold. So that's why it became very personal and I have to say that learning from these people and we have people that we know in these communities like they were never involved in healthcare. They were never thinking about it and then all of a sudden they pushed themselves to find out and learn and raise money for researches and they're doing things that you wouldn't believe possible and it's a really a statement to the human spirit and how resilient and how amazing it is and how much people are able to overcome any challenges that they're face with.

And it's really, really a very emotionally charged effort when we recruit for a rare disease because we know what these people are going through and we really, really, really are dedicated and committed to helping them find some kind of answers.

Taren: That's amazing and I'm so glad to hear the news about your grandson, that's tremendous, but the constant worrying on your daughter, that's got to be exhausting as well

and I guess it's just something you learn to adapt to – I wouldn't say get used to, but you have to learn to adapt to it. But tell me specifically about Know Rare and some of the technology you're using to connect the dots for these patients.

Nina: Yes. So we have been, as I mentioned, we've been recruiting for rare disease studies for a long time for many clients. We've done 20 studies in rare diseases in the past six years and most of the time we've recruited these studies in about six months and the reason is we usually get called in at the final end when they have no other way of recruiting. So they call us in and so we have our secret sauce of how to find patients. Like I said, we do a lot of research to understanding the patient pool that we're going after and it was my son again who said we can't do everything manually because we'll just never be able to reach, to be able to scale up and offer patients what they need and we also saw a lot of patients, we have on our blog right now who we'd find out about a rare disease study, try to contact the sponsors or somebody that's listed on it and would not get through and seeing the frustration of people when they were trying to get through to the study also led my son to look at different technologies and we realized that there was a way to connect all the dots to help sponsors who are looking for patients, find the patients more efficiently and to help patients who really want to get into a study, are really motivated.

We had one mother who's ready to move to a city to be in the study and she never got a response when she emailed them. So the question is how can we do it better. So we built a tech platform that allows us, that's it's built off of clinicaltrials.gov. We have all the rare disease studies listed from clinicaltrials.gov in our database and we appeal to people, everybody who has a rare disease can apply and they will get matched to AI technology to a study in the clinicaltrials.gov database and then they can apply to the study directly and if we have a sponsor working with us, they can actually schedule an appointment where we work with the sponsor to make sure we connect them to a study center and where we can, we have them schedule a virtual screening with the study center through like a Zoom call and then they can connect directly with whoever the study center is. There's no need for phone calls back and forth or waiting to hear back.

It's really an immediate thing so the patients know they've been contacted right away because one of the things we learned in some of the studies that we did is that a lot of times patients would contact – their contact information would be sent to a study center and the study center wouldn't contact them for like two, three weeks and then maybe by the time that they contacted them the patients forgot that they signed up or didn't pick the call because it was a strange number. So this way we have a very, very much – there's a lot of transparency so the patients can see when their visit is. The study center can see when the visit is scheduled for and most importantly in these times of COVID when people with rare disease do not want to travel, they don't have to travel for that first screening visit to see if they're eligible in the study that can be conducted through a video chat or an audio chat and what's more important for us and for sponsors is that we can track every step of the way what's happening.

So there's no more massive unknown of what happens when the patient is contacted by the study center or the patient asked to be contact from the study center. What happens? Are they

ever contacted? Do they ever follow up? This way we can track it all the way through and we think it'll be helpful to not just, study centers with the help from the sponsors I know will also be helpful with patients and we're going to list and patients who don't get into a study, they'll go back into the pool. They can see if they matched to another study. So it's a constant dynamic process.

We were hoping to connect people, people with rare diseases to research and researchers and any information that we get our new studies and new ideas or even new approaches to dealing with rare disease we post on our blog and we try to stick to using peer reviewed articles that we translate for patients to understand. So it's up-to-date. It comes out with the study that's been published in JAMA or something. We'll take that study and we'll translate it so it's user friendly so patients can understand it. So that's what we're trying to do. We're trying to make that kind of information more accessible to patients.

Taren: That's fantastic, Nina. With all of the insights that you've gathered over the years from the rare disease state as well as the community and using technology, where do you see the rare disease ecosystem moving in the future? Do you see that there's going to be a significant leap in terms of helping patients reach the right doctors to reach the right diagnosis because right now it takes several years? They have to go through multiple doctors, physicians. Those doctors look for horses. They don't look for zebras. So do we think that these kinds of technologies and by having a greater network can help move the needle for rare disease patients?

Nina: Yeah. I think that having a network is huge and there's also like that show – I don't know if you remember there was an HBO show called *Diagnosis*, that gave a lot of hope to people who were trying to find a diagnosis.

But I think the other thing is the testing has gotten better. Like one of the reasons my grandson got diagnosed is they really had evolved the specificity of the genetic testing. The doctor told her that a year before, they wouldn't have been able to pick up the abnormality in the gene that specified what disease he had. So I think the testing is evolving a lot, and that's what's also driving greater diagnosis. And I think what's going to happen is – and I've seen it in a lot of the disease states that we're working in – that there are more people as they learn about the existence of rare disease and rare disease communities, they're starting to understand that they should start looking – suspecting that they might have a rare disease and looking for the right experts to talk to or just talking to their doctors about finding specialists and referring them on. Because I think that's the big issue is how do you get even the testing in a lot of the rare diseases that we're working on.

Within one disease state we're working on right now, the test for this disease that defines the disease just came about five years ago. So you're talking about a very rapidly evolving ecosystem, like you would say, but I think it's also driven by the ability to identify more people with rare diseases. And once doctors have that understanding of how to identify patients, it's going to make it easier for when people go to their family doctor or even to a specialist, like a specialist neurologist or endocrinologist. Those specialists will also know more about what are

the latest tests and what are the latest diseases and refer them on to the tertiary or specialist centers in that disease. So I think it's really being driven a lot by the testing and as well as the awareness through social media is a huge deal.

A couple of the moms that we work with, they only found out – it was crucial for them to go on social media, particularly on Facebook and Instagram, and connect with other people. There's a lot of these other groups. Another person that we have on staff also has a rare form of GI disease and she was telling us – she's younger, so the younger people are doing very different things, like I said, than the older people and she's telling us about WhatsApp chat groups and other kind of social media channels that we never, it's not just Facebook and Instagram. There are other platforms that people are on with rare disease and sharing and getting the kind of compassion and support that they never had before. So I think that's helping build confidence and capabilities that you're not alone and that it's empowering to know that you could do something. And the more empowered you are, the more ability you'll feel to go out and search beyond going to your family doctor to find out about how to cope with your disease.

So I think it's going to drive more activation also. So it's social media and it's the testing that's evolving that I think is going to expand the universe so that we'll have more access like I said to patients, to the experts and to potential treatments in rare diseases.

Taren: Excellent. I'm listening to you talk about all of this and it feels like it's a consultancy strategist and you're bringing all of your skills from your advertising days all in one place. Do you feel that that gives you a bit of an advantage especially when you have to go out and you recruit because you know how to position? It's like almost a brand positioning.

Nina: It is and in fact we just did a study like we do a lot of pre-launch before, pre-launch clinical trials we'll sometimes do that kind of work. We will do some surveys of doctors and patients and one of the things in this disease state was we found out that the way the doctors were telling the patients with the diagnosis is nowhere near what the name of the disease was. So when we ran a survey with the name of the disease, nobody responded and then we have to go back to doctors and understand what they told patients their diagnosis was and we had changed our whole ads and our approach and our surveys and then we got patient – people, lots of people taking the survey.

So you have to do a lot of homework before you launch anything and I think that's something I learned from my son also because when you're in the digital media space, he doesn't do anything until he does a real thorough understanding of what's out there, what are people doing and there's the behaviors online, there's a lot you can see online, but you can't just do a kneejerk reaction and just talk to people like you would do in advertising. Social media is a different ballgame and they call it earned media for a reason. You have to earn attention on social media. And we've done research that shows what kind of tonality, what kind of post, what kind of messaging do people with rare disease want to hear and it's not the same, sometimes it's not the same by rare disease, but it's definitely not the same versus a chronic disease or versus regular posts on social media.

So there's a lot of thinking that has to go behind, and like I said, that's something that I learned when I did patient mobilization globally in my old role in the ad agencies.

Taren: Fantastic. Now just switch tacks a little bit. We started off the conversation with your starting Augur Health, which was a woman-owned business, but I also know you're involved the Healthcare Businesswomen's Association as well as other similar groups. Why is it important to you to mentor and create a path for that next generation of women leaders?

Nina: I think that women, again I think women are ideally suited as entrepreneurs because women are jugglers, women are flexible. It's much harder for men and even with working my son I can see the same thing. Men are just structured into a different – they like to go down a certain path and follow that and women are particularly suited to change courses very easily. We change courses a lot during our lives and we're used to it. And I think that a lot of women are not as confident of what they can do for themselves and I think that changes in what I've seen is that when women have a child that has a rare disease or has a problem, they lose all their inhibitions of what – about being not confident enough to do something and they'll go all out to do anything for their child.

So their sense of empowerment rises right to the top because it's for their child and I think that's really important because it shows that everybody can do it if they want to do it and if you're motivated enough you can do it. And when I helped, try to help women who have that raw talent and that raw determination is want to help them challenge it and develop their skills to do it efficiently because I think that people who have the drive to just go anywhere and they should have the ability to do it and there are a lot of women I know hit glass ceilings in wherever they are and being part of HBA that was always part of the charge is to help coach women who are reaching glass ceilings to go out on their own when they make decisions about turning the course of their career or their lives into different directions.

And I think it's really important for women to feel that they have somebody they can turn to like I did in my career who helps coach them along and tell them what's the next way to go and how to look at things and how to approach things and you need somebody you can talk to. And women in particular are best served by other women who are up against the same challenges they had as well. So I think it's important.

Taren: Fantastic. Oh, I agree with you and I think you're doing a great service for women who are really as you said looking for maybe that next opportunity. Nina, you're obviously a very inspiring leader, but whom do you look to for inspiration?

Nina: I actually am inspired by my son because I love his creativity and I love his drive, but I've had great mentors in the past. One of my great mentors who still I'm in touch with is Lynn O'Connor Vos, who was my boss. She was the CEO of Grey Healthcare and she was always an amazing inspirational leader. She always was looking at – she was very visionary and with her she brought me into a lot of things that I never had seen and now we're doing. She never questioned my ability to do it. She's never the type of person who said well, you never did this

before so you can't do this. She was always whatever you can do, whatever you want to do you can do and she also taught me a very important lesson which was you have to delegate.

You can't do anything yourself and I think every woman who becomes a leader tries to do everything themselves. Like I said, women are natural jugglers. So they're used to juggling a lot of things and try to take on too much and one of the important things she told me as a leader as you move into the next levels of leadership, you have to learn to trust the people under you and delegate to them and if they're not ready, coach them to be positive and I really learned a lot from her in terms of working with other people and management of my skills and she was a very – has always been a very inspirational leader and what she did with MDA was another example, how she took that organization to the next level. So like I said, I still touch base with her. I still love talking to her.

There are other people like Elise Levens is another person that I worked with early on who's an inspiration just for her amazing energy to again grow and change and evolve. She's constantly evolving and changing her business and she never says never about anything. So those are the kind of people that I admire, people that are ready to do the next best thing and are never limited and always have vision for future.

Taren: That's fantastic and I know both Lynn and Elise and I agree with you. Both of them are amazing inspirational leaders. So I'm right there with you. Nina, as part of doing some research on you before we got started with our podcast, I learned – and this is unusual because I've never met anybody who's done this, you are also an accomplished author having written three mystery novels. Tell me about this side of you. What inspired you to start as mystery writer?

Nina: Well, I actually didn't write three. I just wrote one and I'm commissioned to write two more. What happened was my brother passed away. He's about a year younger than me two years ago and he was fairly young and it just he had multiple myeloma and it happened very suddenly and I realized then that I'd always wanted to be a writer. I always wanted to write even though I ended up going to art school, so I channeled into art rather than to writing, and I always had a secret desire to write a book. So I started writing things on my own and then I subscribed to this magazine called *The Writer* and used to stash it like my little secret file and when my brother died I said the time to do it is now.

I had always wanted to go to a writer's conference and I love reading mysteries, especially historical mysteries, so I went to this writing conference in Nashville called Killer Nashville and then I joined a group called Sisters in Crime, which is the best group I have ever belonged to. It's Sisters in Crime, they're women crime writers and they are a community of women very well known crime writers and they really are into giving back to the writing community. They helped coach me a lot and I learned so much from them and I continue to learn from them. And so I started writing a novel about women in 17th Century Venice because I learned, I'd read some books, I go to Venice all the time and I read some books about how unusual that time period was for women. There were a lot of unusual women at that time.

There was the first woman ever to get a Ph.D. lived in Venice. She got a Ph.D. from the University of Padua, and she did it because was an accomplished scholar, a prodigy. She died very young, never married, but she was very interesting. I also learned that there were a number of women glassblowers who inherited their father's factories and innovated new forms of glassblowing, and they ran these businesses on their own in a very male-dominated society. So that intrigued me very much.

My book, I wrote a book. I also found out – I went to a castle in Munich, I think it's called Nymphenburg Palace and in that palace there's a gallery that was created by Ludwig I – Mad King Ludwig and it's called The Gallery of Beauties. And what it is it's the portraits of the most beautiful women. He had commissioned the portraits of the most beautiful women in Munich at the time and around this gallery so that he can look at their faces and be calm and it would be like a respite from his daily activities being king. The combination of that put me into the idea of creating this novel called The Gallery of Beauties. And I learned that actually a lot of monarchs and a lot of noblemen would create these galleries of beauties. They commissioned portraits of beautiful women in a room where they could go to relax and look at these beautiful women's portraits.

So I set up this mystery novel about an artist who is commissioned to paint the 12 most beautiful women in Venice, so all of whom are some of these illustrious women that I mentioned. And then one by one the women are poisoned, and it's up to two of the women, a courtesan and a rabbi's daughter from the ghetto, to find out who's killing the women in Venice and whether or not it's the men who control Venice who are just angry that the woman have overstepped their bounds. So I did a lot of research...

Taren: Don't tell us the end! Don't tell us the end because I'm going to go read it. And the book is called Gallery...

Nina: *The Gallery of Beauties*, yeah. It's coming out from Level Best Books in 2022, and the next book is a sequel called *The Courtesan Secret*. It goes into the story of the courtesan. The third book is about a kidnapping – one of the characters has a brother who's a pirate who helps kidnap somebody from a bad situation in Venice. So that's the story right now.

But like I said, I joined Sisters in Crime and we have these meetings all the time and a lot of the meetings are about how women have struggled getting noticed and getting the same kind of contracts men getting – the same things we hear in our industry.

And one woman who's written – who I met at one of these conferences, she wrote a big novel right now. It's very popular. It's called *The Widows of Malabar Hill*. It's about Indian women in early 20th Century India, a woman lawyer. And she said that she had shopped the book around so long and nobody wanted to look at it and finally she got – with this new turnover about looking at diverse population, she finally got it published and it became a really big hit. It's one of the biggest hits in mystery books.

So I think the same challenges you see for women in our industry is in every industry, and what helps is when women band together and try to help each other, just like HBA.

I was also going to say that your publication I think does a really good service and I followed it for years because one of the things that I think is *very* needed in the industry and it's a little better nowadays with the COVID research going on is humanizing the pharmaceutical industry and the people who work in it. One of the things I see in the mystery community I get really angry about is how many mystery writers make big bad pharma the murderers in their mystery books. I always say you know it's not fair because you don't know anything, and they don't know anything about the pharma world, which is why they demonize it. But it's really not fair because the people that I know in pharma – and I'm sure you do too – they're so passionate about what they do and they're really looking to help patients. And to make it sound like they're just money grubbing, into the money kind of thing, is really unfair. They're like the most favored villain in the mystery writers industry right now.

Taren: Agreed, as well as on television and in the movies as well.

Nina: Yes.

Taren: Thank you very much for the nice shout out. Thank you so much for sharing that great piece of your world about the mystery writing, fascinating and I can't wait to read the book. But Nina, as we wind down, I'm going to ask you to tell me about an accomplishment or a wow moment, since this is our Women of the Week podcast, that either shaped or changed the trajectory of your career.

Nina: One of the things that changed my trajectory was I've always been close to my clients, and I think when you work with them and you travel with them and you do research with them you develop a very close relationship with them. And then one of my clients that I had worked with long ago at P&G decided to open his own pharma company, and I saw what he was doing and how he innovated and created it and bootstrapped it up and I even invested with him. And what he did, it gave me – it took like the mystique out of building a company, and I start to realize I could do it too. I think that was the changing point where I started to think about the whole path of being an entrepreneur rather than always thinking about working for somebody or working in a company. Because I saw him build the company from the ground up and I'm still involved in the company that he's built, but it's just – and I went out with a bunch of colleagues and we tried to license a molecule and raise money to create a drug company. It didn't work out, but we learned an awful lot about it, and I think that's the great thing about being an entrepreneur. I'm sure you've seen that as well.

Your ability to learn is infinite, so even if you fail at something you learn so much. But seeing people who are doing it and are willing to risk and learn and fail and his company changed a lot from when he started it as well. So I learned about that too. But that was my big wow moment is that there is another way of going than the usual route of just keeping on working and trying to grow a new company. You can be an entrepreneur. You can do it out of your own. It's not impossible to start a company and I think that was a big moment for me.

Taren: Fantastic. It's so great speaking with you. I learned so much and I want to wish you continued success with Know Rare and kudos to you for all the great work you're doing and connecting the dots for that rare disease community. It is so needed. So thank you so much for spending some time with us.

Nina: Thank you so much for having me. I really appreciated talking to you.

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