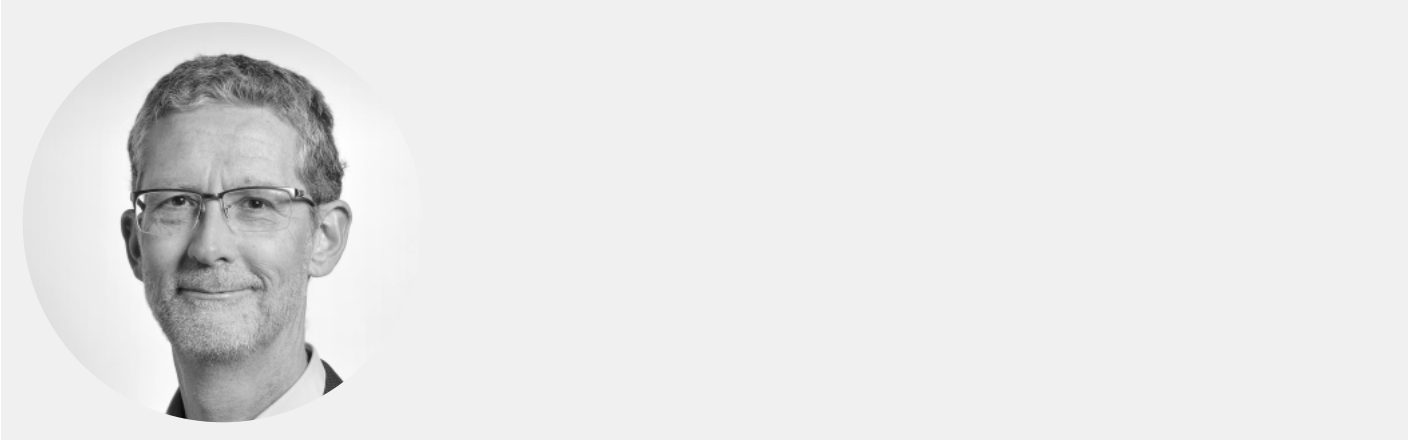
Interview: Paul Korte – General Manager, Janssen Netherlands



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Paul Korte, General Manager for Janssen in the Netherlands, highlights the strategic move and leadership position taken up by Janssen in the oncology field, and calls on Dutch healthcare stakeholders to adopt the positive and collaborative attitude that will ensure Dutch patients can still expect to access the most innovative drugs they deserve in the upcoming years.

This year, Janssen received the prestigious Prix Galien for Sirturo, a groundbreaking antibiotic to treat multi-drug resistant tuberculosis, which still kills 1.3 million people in the world each year. As General Manager of the Dutch Affiliate, what was your first impression when you received the news?

I wasn't really surprised that Janssen received the **Prix Galien**, as we had the pleasure of boasting three nominees: Sirturo, Imbruvica and Sylvant, but I was pleasantly surprised that Janssen was awarded for Sirturo. Tuberculosis is still a huge problem worldwide – although it is not a real burden for the Dutch population. Nevertheless, this treatment represents a real scientific breakthrough in this therapeutic area, as there is still so much to accomplish in the antibiotic field and only a few truly innovative products recently came out of pharmaceutical companies' pipelines. For this reason, I am very proud that a Janssen product was awarded, especially as it was coming from one of our in-house research centers. Finally, it is good news for the company, but above all great news

for patients worldwide.

You first took on the role of General Manager for Janssen in 2008. What have you witnessed as the most impactful trends that the pharmaceutical industry has undergone during this period?

The Dutch healthcare system underwent a profound reform in 2006, and I think we are still feeling its impact as the whole ecosystem is constantly adapting to this structural transformation. We have continued to find innovative ways to cope with all the changes that the reform created, with regards to market access, responsibilities in terms of procedures, and also reimbursement. These priorities are clearly at the top of our agenda.. Even if the overall framework has changed dramatically, our first concern is still to guarantee that patients can access the drugs they need as soon as possible.

Janssen has – in a joint effort with all stakeholders – already achieved some important milestones from this perspective, but some recent developments, such as the market containment for new oncology drugs that the Ministry of Health recently implemented, are unfortunately not moving the healthcare system in the right direction. I also regret that we don’t precisely know if this initiative is exceptional or if it will become the new regular procedure for innovative oncology treatments.

These kinds of initiatives clearly add more pressure on all stakeholders’ shoulders; whether health care insurers, hospitals, doctors, or pharmaceutical companies. It is of great importance for innovative companies like Janssen to be able to know what we are up to and what procedures our drugs will have to go through or not, in order to be prepared to ensure patients can access them, and at a fair price.

Many interviewees have regretted that Dutch health insurers seem to sometimes give more importance to prices rather than to the intrinsic socioeconomic value of treatments. What is your assessment of the situation?

I understand that health insurers also struggle with their own responsibilities and duties, as they have to deal with a yearly budget increasing at a very limited growth rate, which is currently capped at 1% a year for the hospital budget for instance. Finding a way to balance access and sustainability in such a context is clearly not an easy thing to do, and as perhaps they don’t always have in hands the right insights or evidence, they are indeed focusing more on costs than on patient outcomes.

It is also our responsibility as an industry to find ways to cooperate with them and with healthcare providers to better present and measure outcomes and particularly to render them more transparent on how a new treatment can really improve patients' lives. Improving and showing evidence on health outcomes of our drugs will probably help our partners to not only focus on economic outcomes.

Looking more specifically at the current bottlenecks impacting patient access in the Netherlands, what would you underscore as the first priorities that stakeholders should focus on?

Improving transparency with regard to therapeutic outcomes is one part of the solution, but other aspects should obviously be closely considered.

Secondly, pharmaceutical expenditure in the Netherlands is relatively low. Even with the current influx of new treatments, we are still at the lower end compared to the rest of Europe. Now that the budget for hospital care is capped, the recent transfer of more expensive pharmaceutical products from the out-of-hospital GVS system to hospitals budgets has raised this pressure even more. This has dramatically decreased the Dutch speed of access for innovative oncology drugs for instance. If the budget for these true innovations is not somehow being allocated to the hospitals, this will only become worse.

The Dutch are famous for their collaborative spirit, but if all stakeholders have to cope with such high levels of pressure, it becomes really hard to collaborate, and the tendency arises to blame each other in order to stay out of range. If, in the upcoming months, we could come up with an agreement on how we could jointly deal with this new context instead of outrun or blame each other, it would ultimately benefit the patients – and this is exactly what we all should aim for.

Being both a top pharma company globally and probably one of the most comprehensive one in terms of offering, Janssen focuses on five main therapeutic areas: Oncology, Psychiatry and Neurology, Infectious Diseases, Immunology, and Diabetes. What main challenges arise when your organization aims to be market leader in so many diverse areas?

In the Netherlands, the whole of Janssen's portfolio is represented. It is true that it is a challenge to be excellent in so many different fields at the same time. We have identified priorities within these five therapeutic areas. As the relationships with physicians and other customers are absolutely crucial, we managed to build a very flexible customer-oriented organization, which is now able to successfully launch several new products almost simultaneously.

Looking at Janssen's portfolio, many oncology treatments are about to reach the market really soon. When will these products be available on the Dutch market?

Imbruvica, a chronic lymphocytic leukemia and mantle cell lymphoma treatment for adult patients who have received at least one prior treatment, is already available on the Dutch market. More indications will follow. Regarding daratumumab, a new treatment for multiple myeloma, the regulatory procedure is already ongoing and we hope that it will be available in 2016 in the Netherlands, depending on the final approval date.

Recently opened and headquartered in the Netherlands, the Janssen Prevention Center will focus on the prevention of chronic, non-communicable diseases such as Alzheimer's, heart disease, cancer and autoimmune diseases. Could you elaborate on how this center underscores the leadership position taken by Janssen in disease prevention and disease-modulation?

Thanks to the acquisition of Crucell, a Dutch biotechnology company specializing in vaccines and biopharmaceutical technologies, we are now able to deepen our expertise in disease prevention for Janssen's five core therapeutic areas. The vaccine platform is obviously particularly indicated for infectious diseases, and the Janssen Prevention Centre is now looking to apply this expertise in other key therapeutic areas, such as dementia, heart failure, and obviously oncology. We could use the immune system not only to treat diseases, but also to prevent their apparition. In this vein, the Janssen Prevention Center is a research group that will explore new approaches to disease prevention in major areas of unmet medical need, focusing on the chronic non-communicable diseases.

The Janssen Prevention Center is the kind of research that indisputably highlights how our company is committed to revolutionary disease prevention.

Minister Schippers told us that she wanted to mark 2015 as the year of transparency in the Dutch healthcare system, while the whole system should pursue a technological transformation to cure and inform patients from their homes. With MyCompanion, a digital platform for people suffering from hepatitis C, Janssen has been a pioneer in this field. What other initiatives of this kind are you about to launch in the Netherlands?

First of all, we participate in the YODA (Yale University Open Data Access) initiative. This program calls for the responsible sharing of clinical research data and is committed to open science and data transparency, as well as to supporting research attempting to produce concrete benefits to patients, the medical community, and society as a whole.

Secondly, we also contribute to the Dutch Transparency Register, where all financial transactions between pharmaceutical companies and healthcare professionals are registered and open to the public.

Thirdly, on a patient-centric approach, we are indeed a company that is empowering patients. Nevertheless, it is sometimes harder for pharmaceutical companies to build trust, despite undisputable efforts to launch initiatives as MyCompanion that could support and guide patients. In parallel to MyCompanion, we also created two similar projects for prostate cancer in the Netherlands, but I would particularly highlight a recent massive social media campaign we launched in collaboration with various advocacy groups in the Netherlands on stigmatization in psychiatry, thanks to the help of Dutch celebrities. As Janssen Netherlands, we will try in the upcoming years to increase our contribution in terms of transparency and information, while always maintaining an irreproachable openness regarding the way we are moving forward on these patients-oriented initiatives. We have nothing to hide, and even if it is a Janssen initiative any other stakeholder is obviously free and welcome to contribute to this effort.

The Netherlands will hold the Presidency of the EU in 2016 and the Ministry of Health will, of course, be involved. If there were one idea that you could express to the Ministries of Health across Europe and the Netherlands, what would that be?

First of all, we have to acknowledge that the Minister is particularly efficient in putting her priorities on the agenda and that she never beats about the bush. Choosing anti-microbial resistance (AMR) as a priority of the Dutch presidency is certainly strong evidence of this effort. Nevertheless, looking for AMR prevention alone is not enough: the industry also needs new business and commercial models to bring not only one [Sirturo, Janssen's new antibiotic to treat multi-drug resistant tuberculosis], but hundreds of new antibiotics to the market!

It doesn't only concern product commercialization, but also the development of new approaches, like vaccines to counter AMR. Janssen is active in that area as well with research based in the Netherlands. To be ready in case AMR becomes a true issue, notably in the Netherlands, where we have so far handled the issue of resistance with remarkable results. We need new ways to attract companies to truly take their share in the antibiotic field. Innovative incentive schemes should be explored and fostered, and as well as co-development or joint-investments, could be among the most promising ones in the future, if the Ministry is ready to follow this path hand-in-hand with the industry.

What is your main expectation for the Dutch healthcare system for the next five years?

Within the next five years, we should definitely have solved the patient access issue in the Netherlands, and it will only be achieved on a multi-dimensional and joint approach. Let’s not forget that patients are waiting. The basis to move forward on this topic would probably be our ability to first rebuild trust among all the stakeholders, and take responsibilities in tackling the issue of the budget allocation. If we are able to reach this objective, the Dutch healthcare system will be able to ramp up access to innovative treatments, but also to all the new technologies and diagnostic devices that are about to transform the way we currently conceive and provide healthcare. If the Dutch could take the lead here, wouldn’t that be great?

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