Interview: Geoff Twist – Managing Director, UK & Ireland, Roche Diagnostics

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Geoff Twist, managing director of Roche Diagnostics UK and Ireland, analyses the changing mindset he sees at various levels, leaning towards greater recognition of pathology's impact on health systems. He further highlights some exciting paths Roche Diagnostics is embarking on, such as digital pathology and widened molecular screening programmes.

After a very international career, you have been heading Roche Diagnostics since October 2017. Coming back to your home market, what changes did you observe?

I joined Roche in 1996 in its pharmaceutical division and, after some time spent in Switzerland and the US, I came back to the UK in 2003. This was the moment I joined the Diagnostics side of the business, and I went on to be general manager of our Danish Diagnostics business in 2009 and then our Dutch Diagnostics business. Over this period, I have been able to observe that, while some things have changed in the UK, others still look very familiar.

I think that when it comes to diagnostics, there is still the energy and drive towards greater understanding of in vitro diagnostics and the added value they offer to the healthcare system. However, what I see as now is that more people in different areas of the health system are taking an interest in the matter. I am very optimistic when talking to some of our politicians such as our Parliamentary Under Secretary of State for Health, Lord O'Shaughnessy, or our Director of the Office of Life Sciences at the UK Department of Health, Kristen McLeod, who are truly willing to use Brexit as a source of positivity and enable innovation through medical technology, while bringing

forward the use of data in the health system.

This resonates very well of course with our global mission, set by our CEO Severin Schwan. I consider it is our responsibility as the local affiliate to act as partners to the system so that we may see innovation come to life. This should not be done simply by pushing our products to market, but by taking the step to listen to the NHS and understand their needs. Then we will be able to provide innovative solutions that will resonate as proven enablers for better patient outcomes.

Can you illustrate this shift with an example?

Roche Diagnostics developed a unique novel marker for pre-eclampsia. It provides a high level of certainty for clinicians in diagnosing whether a woman is likely to be at risk of preeclampsia not. This allows the system to concentrate on those patients who carry a greater risk and is hence an informed navigator for optimal outcomes within the NHS by reducing unnecessary hospital stays. The reason why I single out this example is that this solution was positively recommended by NICE. For us, it is very frustrating that diagnostics are not governed by the same policy as pharmaceutical products. Currently there is no mandate for funding for diagnostics, as there is with medicines, even when they are recommended by NICE. There is widespread variation throughout the UK in the adoption and diffusion of diagnostic tests, and we would like to see the recommendations made in the Accelerated Access Review about funding diagnostic tests quickly put into action.

We do observe positive signs nonetheless. One is the Academic Health Science Networks (AHSN) the NHS has put in place. These are independent bodies in England that single out an innovation and submit it to observation in real life settings. Within Oxfordshire, the AHSN decided to bring in our pre-eclampsia solution, and has now published data on the positive impact they observed, endorsing it for clinical practice. This system is still quite fragmented but illustrates the general willingness we see.

While I am optimistic that the right mindset is in place at the NHS, it often feels like even given the strong desire for wider adoption of proven innovations, we let decades slip by before this actually happens.

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How do you explain this change in the mindset of the NHS?

In most countries globally, while the pathologists have a key role in providing their insights to the clinicians, who are then managing care for patients, pathology often ends up at the end of the queue in terms of investment. I suspect this is due to the fact that you only notice the pathologist’s value if it fails to perform; it usually seems as natural as running water coming out of a tap. It is not so much that the value of diagnostics is not appreciated, but that it is often taken for granted.

In the UK, we have been able to observe a progressive shift towards greater understanding that we

have to tackle this from a systemic perspective. The NHS has to be seen as a total organism in which collaboration is essential. With joined up decision making, we will not only be able to ensure technology and its benefits are available to all, we will also be able to save the system money.

What role should Roche Diagnostics play in advocating for better uptake of its innovation?

I think it is very much our responsibility to partner with different parts of the healthcare system, by remaining dedicated to better pathways and by showing belief in our own innovations. Within the *Life Sciences Industrial Strategy* we are taking part in the Challenge Fund, which aims to drive innovation and partnerships, precisely because we feel it is our mission to transform the health system. We see our contribution in the digitalisation of pathology.

Digital pathology is about connecting clinical data with pharmaceuticals and diagnostics to ultimately ensure better outcomes. It requires infrastructure however, and we have been very active in advancing multidisciplinary teams (MDT) for patient case reviews. These allow to bring it all together, the efficiency of clinical decision making but also clinical insights available, to ensure the patient has fast access to the best possible outcome.

We are currently working with a number of pioneering centres in the UK in that regard. We consider our involvement in the consortia as a long-term investment and are very dedicated to move it forward.

What can be the role of the UK for Roche Diagnostics globally in advancing digital health?

At Roche Diagnostics, we have a product development process, and this process always starts with customer engagement. Our motto is to incorporate customer insights into our product development thinking. Evidently, we need pioneering customers to find the right inputs. This is where the UK and Ireland stand out, because they have some very progressive centers and thought leaders, whose ideas we can extract and pour into our global development teams.

A great example comes from our digital pathology design in the tissue diagnostics area. We want customers to help us build the algorithms that help support clinical decision making in pathology. Indeed, the right algorithm will save effort and time for specialists and provide more precise results.

Our NAVIFY™ tumour board (from: navigate + verify) is a tool for a cancer MDT that comes together to review a patient’s case. We have learned that MDTs are excellent at providing better prognostics due to bringing together the whole patient picture, and their usage is now very common. However, they still encounter challenges in effective communication and being able to bring together all the required documents and images, sometimes struggling to always have at hand the right x-ray or slide. To put it bluntly, they are not always as well organised as they would

like and this can delay decision making for a patient.

The idea is to digitalize all of the different disciplines and put them together in a patient cockpit available for the MDT prior to the decision-making process. Thus, clinical action can be taken as soon as the MDT has finished its discussion. Not only does NAVIFY™ enhance the workflow, it creates a platform through which the clinical community can appreciate the value of pathology and adopt it into their decision-making. We see it as a tool to allow the value of diagnostics to come to life.

In the UK and Ireland, we have encountered some great interest for NAVIFY™. We have been collaborating with Cork University Hospital in Ireland, as our first customer and are looking to constantly improve the platform, by feedback from our customers. Oncology is only the first step for NAVIFY™, and we will bring it into genomics decision making soon.

Roche Diagnostic's Global Head of Diagnostics Information Solution, Tim Jäger, recently presented us with a very insightful statement: he said that medical knowledge in the world used to double every seven years in the 1970s, but that today, this occurs every 73 days. It is impossible for clinicians to keep up with this pace. But NAVIFY™ and related tools allow clinicians to continuously take the best decisions possible.

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What areas within Roche Diagnostics' portfolio development can be highlighted in the UK?

For us, the step into digital healthcare is an important area of focus, so NAVIFY™ is one solution we will be pursuing with ardour. Another area we are very eager to investigate further, but that is not new to Roche Diagnostics, is in molecular diagnostics. Over ten years ago, we developed a transformational molecular screening test for HPV (human papillomavirus).

Both in the UK and in Ireland, there is a national cervical screening programme, and that has saved many women's' lives. We consider it is time to build on the legacy and work towards wider adoption of a molecular screening programme. Indeed, it has been proven in a large study we conducted in the US that one in ten women were missed under the current screening model, women who would have been picked up by a test with higher sensitivity, such as this molecular model. Our cobas HPV test examines the DNA of HPV to pick up high risk genotypes and has a cellular internal control, meaning that hopefully one day no woman would have to suffer from cervical cancer again.

Australia and the Netherlands are two countries where this solution has been available widely through their national screening programmes, and, while in the UK and Ireland the will is there, it sometimes feels it takes a long time given that lives are at stake.

A final area to highlight would be the transformational technology we have through a molecular

offering in the point of care setting. We call it LIAT™: Lab In A Tube. It gives the scientific complexity of PCR in the simplicity of an instrument the size of a coffee machine that is quite easy of use. This device could relieve the NHS of some of the major burden of the challenging flu season. It enables the triage of flu patients in a 14 minutes real-time PCR test. Such triage can allow those in need of care to access this without delay, and at the same time avoids unnecessary hospital stays for those who do not have the flu, saving resources across the board. Moreover, it would also importantly help in the battle against antimicrobial resistance as it would avoid patients being prescribed antibiotics who do not really need them.

During the last flu season, LIAT™ was used in three centres in the UK and the response has been amazing. For the upcoming season we will be placing LIAT™ in many more centres across the UK.

To conclude, what is the commitment of Roche to the region you oversee?

The real drive for Roche in the UK and Ireland is to be a transformation partner to the health systems we support across those countries.

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