Iddo Leshem – General Manager Nordics, BMS

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Iddo Leshem, general manager Nordics at Bristol-Myers Squibb (BMS), talks about the uniqueness of Sweden's collaborative culture and shatters some of the entrenched stereotypes about the country. He then breaks down the drivers behind the outstanding performance of the affiliate and emphasizes the important role Sweden plays in the development of precision medicine, as well as in innovative digital approaches designed to empower patients.

After working in both Israel and the US, last year you took the helm of the Nordic affiliates of BMS, based in Stockholm, Sweden. What do you see as the most unique aspects of the Swedish pharmaceutical market?

What I find most impressive in the Swedish ecosystem is the unique culture of collaboration and innovation. That culture can be seen and felt across the system's entire spectrum, including access to innovative medicines, the development of future assets through clinical trials, Precision Medicine research projects and more. Moreover, wherever I have worked in the past, including in Asia, I have never seen the industry being as well-respected and engaged as it is in Sweden. Here the industry is regularly invited to the table to voice its perspectives and help shape the system to best serve its patients.

On another note, before I came to Sweden, I was told that Swedish people have a religious attachment to work-life balance, somehow implying that employees do not value their work. I was

also led to believe that decisions are always taken and implemented on a consensus-based approach. However, my experience here has shattered these preconceived stereotypes. What I encountered is a workforce that is dedicated to their work and tackles challenges head-on. With that level of commitment, the fact that work-life balance is embedded in the culture is a clear strength and enables a more sustainable equilibrium.

Moreover, I do not think this consensus-based approach is more developed in Sweden than in other countries. Of course, decisions need to be understood and responsibilities agreed upon, but I have never felt that people try to hinder the implementation of a decision when they had a different opinion. Furthermore, the innovative environment that exists in the entire ecosystem is definitely mirrored within our doors as well.

The Swedish market has been experiencing a healthy growth rate of about 4 percent recently. How has BMS Sweden been performing and what are the main growth opportunities you want to focus on moving forward?

The Swedish Healthcare system is achieving strong patient outcome results in recent years and I think the market growth you are referring to is one of the key drivers. BMS focused on serious diseases with high unmet needs such as oncology and cardiovascular diseases. In these therapeutic areas, the fast introduction of innovative therapies coupled with highly competent, data-driven Medical Community translates to better outcomes for patients and can saves lives, while at the same time driving market growth.

Regarding BMS Sweden specifically, we are one of the fastest-growing companies in the top 20 thanks to a relatively fast consideration and ultimately adoption of both our immuno-oncology (IO) and cardiovascular medicines.

IO is becoming the standard of care for different indications in different lines of treatment and in different combinations. In Sweden, in the last five years, we have gained approval for eleven new indications within seven tumour types, including Melanoma, Lung, Kidney, Head & Neck, Bladder, and Hodgkin’s Lymphoma.

In stroke prevention, warfarin was the standard of care for a long time, but in the past years, the NOAC category has been rapidly replacing it. BMS has a leading position in this category.

With regard to the Celgene acquisition, could you give us an overview of the impact that the combined organization will have in Sweden?

We are very excited about the planned transaction between BMS and Celgene both globally and here in Sweden. The combined company will be #1 in oncology, #1 in cardiovascular, and have a significant presence in immunology and inflammation with six near-term launches, and robust early-stage pipeline and cutting edge technologies and discovery platforms. As you can imagine, we operate as two separate companies at present with the transaction expected to close the end of 2019 / early 2020. I would not be able to discuss it further until that time.

Last year, at a seminar organized by BMS during Almedalen week, Nils Wilking from Karolinska Institutet pointed out that the introduction of immunotherapies has been slower in Sweden than in some other Nordic countries, and that there were large disparities between the regions. What is your assessment of the situation today?

In terms of speed of access to patients, I place less importance on how Sweden fares relative to other Nordic or European countries; instead, I care more about how long it takes from EMA approval until medicines are available for Swedish patients and what can we do collectively to accelerate that. Every day we can save helps patients.

At the national level, in our experience, it takes between three to six months for the NT Council to render a decision for hospital medicines. Then at a regional level approvals range from a few days to an extra six months, depending on the County Council. And so some Swedish patients do not have access to innovative, life-impacting medicines for up to one-year post EMA decision. Importantly, these general timelines do not include any price negotiations periods or significant delays from our end in responding to requests for supplemental information. Furthermore, at the regional level, we've seen no examples of decisions differing from the National decision so that process does not seem, at least in our experience, to inform clinical practice.

To summarize, we aspire to bring groundbreaking medicines to patients facing serious diseases and that could mean significant investment for countries. We thus fully respect the need for a careful cost-effectiveness assessment process but believe there are opportunities to streamline and shorten access to patients in Sweden and to enhance equality across the country. Partnering closely with Sweden's Healthcare Leadership, we are constantly looking for ways to achieve that.

In terms of R&D, what are the areas BMS is focused on and how can the company leverage the innovative Swedish ecosystem in these endeavours?

Globally, there are three main areas within immuno-oncology in which BMS is actively involved. The first is the expansion to the adjuvant setting, or pre-metastatic stage, where IO is not used yet, except for one indication in melanoma. We predict that in the next two to three years, immuno-oncology, once well-established in the metastatic stages, will play a bigger role in the adjuvant setting. IO could potentially bring the possibility to prevent metastasis, in effect offering a functional cure, which is really exciting. There is still much research to be done but hopefully, this will happen.

The next area we are focused on is IO drug resistance. While IO has already produced amazing results, there are many patients who unfortunately do not respond to treatment, or who stop responding after some time. Two of our advanced research centres, one in Redwood City, California and the other in Cambridge, Massachusetts which recently opened, are searching for ways to address those resistant patients. The hope is that with different types of combinations with different mechanisms of action, we can unlock the full potential of I-O and expand the number of patients that experience long, durable responses.

The third area is precision medicine, or tailoring treatment to patients' and their tumours' genetic makeup, which of course is interlinked to the previous two. In this field, Sweden boasts two major assets that BMS can leverage: its national quality registries and advanced biomarker capabilities. Sweden's quality registries, set up more than 70 years ago, can help us identify patients, while biomarker capabilities help us understand the genetic makeup of patients. The authorities are eager to bring precision medicine to Swedish patients and have been building up the capabilities. In certain areas, by collaboration with advanced sites, we have been able to move the needle dramatically faster than in other European countries.

Regarding the registries, I would say there are still opportunities to leverage them even more, with automation and improved access to the collected data. In order to achieve that, there are complex legal and ethical questions that need to be worked out.

But I am optimistic – at the end of the day, we, alongside the Health Authorities, academic sector, physicians and patients want the same thing – better patient outcomes through robust, reliable and timely Real-World Data.

What milestones would you like to achieve during your tenure?

There are two areas where we would like to improve in the future. First, lately, we have been dedicating energy and time to better understand and plan for what we see as a rising trend in healthcare: empowered patients. A growing number of patients are becoming more involved in decisions about their health and treatment. These patients are connected, tech-savvy and have better access to information, especially in a country like Sweden. We are trying to understand what this means for physicians, for the healthcare system and for us. In Sweden, we have a unique opportunity to think about this topic and are trying to bring it to the table every time to get the opportunity. In order to do so, we have initiated a collaboration with WarOnCancer AB. This Swedish tech company was founded by Fabian Bolin who was diagnosed with cancer at age 28 and started documenting his battle on a blog that quickly garnered global attention. As a result, he created WarOnCancer, a social network where cancer patients can share their stories. Together, we have organized four roundtable discussions with close to a hundred KOLs about how to better empower patients. The fifth will take place during Almedalen Week, one of the most important forum in Swedish politics. It will be followed by a report on the implications for the healthcare system.

Moreover, we have developed an app for cancer patients treated with immuno-oncology, in collaboration with leading physicians and a digital health company designed to support patients outside the clinic. Through this app, patients are able to report critical information such as side effects. The information is aggregated and made available to physicians.

The second area where I would like us to improve is in bringing innovative managerial approaches to learn and adapt from our experiences. For instance, I have tried to implement effective debriefing techniques that I have learned from my time in the Israeli air force. Today, after every project or initiative, whether successful or not, we sit down, look at the results and see what we can do better. I feel these techniques fit well with the Swedish working culture. By sharing ideas honestly and finding solutions together, we become more open and comfortable talking about issues.

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