Tomer Feffer – Country Division Head Scandinavia & MD, Bayer Sweden



Swedish people are eager to change the world

29.07.2019

Tags: Bayer, Sweden, Biotech

Tomer Feffer, Country Division Head Scandinavia & MD Bayer Sweden, shares his enthusiasm for Sweden's innovative spirit and how Bayer is leveraging it through partnerships with medical technology and digital health startups. He also talks about the strategic importance of Sweden for Bayer as an early adopter of new technologies, a world-class healthcare ecosystem and an ideal environment for conducting clinical trials.

Tomer, you took the helm of Bayer's Scandinavian pharma operations last year after working in Israel. What has surprised you thus far?

While I knew Sweden was a very innovative country, I did not realize how true it was until I moved here. When you live in Stockholm, you can feel this innovative spirit everywhere. Swedish people are eager to change the world, not only in healthcare but in all other industries. More importantly, they are innovating with a social purpose, which is not necessarily the case in other countries.

Moreover, not only are Swedish people innovative in terms of ideas**,** but they also know how to execute. The culture of achieving consensus and working collaboratively is one of the key success factors that allow Swedish start-up companies to take basic ideas in the lab into reality for the benefit of society.

Bayer has been in Sweden for more than 70 years. Today, what is Bayer's footprint in Sweden?

First of all, as a global company, our responsibility is to make the fruits of innovation fully accessible to societies around the world. In Sweden, we bring value to people every day, not only in healthcare but also with our products and services in crop protection, seeds and traits. In healthcare alone, we sold more than five million packages in Sweden last year, and I believe each of the 1.5 million Swedish households has at least one of our medicinal products in it.

Secondly, we wish to be a key partner in the healthcare system. We have a responsibility to bring the right knowledge and support patients, healthcare professionals and other stakeholders. The fact that a product is available on the shelf is not enough to make it accessible. True access means that both patients and doctors have the right knowledge to maximize the benefits of the product. We are dedicated to raising awareness by providing education and training throughout all stages of healthcare: prevention, diagnosis, treatment and finally adherence and persistence. In all aspects, we are trying to be there, support the ecosystem and collaborate with all the players in the five key therapeutic areas we are focused on: cardiology, oncology, haematology, ophthalmology and women's health.

Thirdly, we are increasingly involved in collaboration with Swedish companies developing products and services that complement our medication in order to provide customers with a full value package. In the past, pharma companies used to content themselves with bringing new medication to the market. Now we realize we have a wider responsibility towards customers than simply medication -from prevention to detection, treatment and cure. In the case of atrial fibrillation for instance, our medication for stroke prevention only addresses one part of patients' need. By education and support in lifestyle changes, many cardiovascular incidents can be prevented. Early diagnosis is critical to get people treated early thus reducing the risk of heart attacks and strokes. Underdiagnosis among cardiovascular diseases is estimated to be about 25 percent. In Sweden alone, it is estimated that there are 300,000 people who have not yet been diagnosed. To address this issue, we have partnered with Swedish medical technology company Coala Life which has developed the Coala Heart Monitor, a digital solution that enables early detection of heart disease and makes it easier to follow the heart over time. It is a win-win situation as we bring more value to patients but also promote our products commercially.

Moreover, once patients have been properly diagnosed and prescribed the adequate treatment, they need to follow their physician’s instructions and stick to them in the long run. Poor adherence to prescribed medications is a growing concern in the healthcare systems and is associated with negative health outcomes and inflated medical expenses. It is also extremely difficult to assess to what extent patients adhere to medication and other instructions by physicians such as diet and exercise. After patients leave the office, physicians have no way to ensure that patients follow their instructions. Obviously, the challenge is even more pronounced for chronic diseases than for acute conditions because patients need to stick to the treatment for a long time, often for life. Additionally, in the case of atrial fibrillation or high cholesterol, patients do not feel something is wrong and, as a result, have limited incentives to follow their physician’s instructions. For certain conditions like high cholesterol it is at least possible to measure improvement which provides a motivation to keep taking statins. However, in other cases like atrial fibrillation there is no biomarker to measure. In other words, physicians are asking patients to take medicine every day for the rest of their lives for a disease they do not feel and that cannot be measured, which makes it extremely difficult to make patients adhere to treatment. However, without medication, the risk of stroke increases by 50 percent. It goes without saying that a stroke is a very tough situation, both medically and economically.

In order to tackle this challenge, we entered into partnership with Pilloxa, a Swedish eHealth start-up that has developed a smart pill box connected to an application that provides reminders and useful information to patients. We believe the technology has the potential to increase adherence to treatment, especially for patients that have to take more than one medication per day. Although this is a great idea, Pilloxa does not yet have the clinical data to show the benefits of the technology. We have agreed to initiate clinical trials on hundreds of patients using our new oral anticoagulant in combination with Pilloxa’s solution to measure its effects on adherence and persistence. Stroke is much more expensive than the cost of prevention. Since we have already shown that our medicine reduces the risk of strokes, if we are able to increase adherence there is a clear business case for health authorities to supply Pilloxa boxes as part of the reimbursement scheme.

Finally, we act as a scout on the ground for promising biotechnologies that might be of interest for the global R&D organization. While promising biotech innovations can come from anywhere, statistically speaking the likelihood that something will pop up from Sweden is relatively higher than in other countries. We encourage everyone working here, especially the medical and market access teams, to keep an ear to the ground when it comes to new technologies. After a preliminary review locally, if we deem the technology interesting, we put the inventors in touch with our global

R&D functions. For instance, two months ago, we organized an event called ‘Bayer meets biotech’ that was attended by the head of global R&D and a team of ten Bayer researchers from the US, China and Germany. They spent two days conducting one on one meetings with 15 Swedish biotech companies that were preselected locally. Hopefully, the collaboration with some of them will continue and eventually bear fruit.

What makes Sweden a strategic market for the group?

While Sweden is a relatively small market, the country has been and continues to be one of the first markets in Europe where we launch our products after EMA approval. Sweden is an early adopter of new technologies. The willingness of the healthcare system and physicians to adopt new technologies is impressive, and we believe it is our responsibility to utilize this opportunity to create early access for patients. On the condition we receive EMA approval, we are planning to launch 4 new products in the next 36 months in oncology and cardiology.

Moreover, Swedish physicians and researchers are respected globally. They participate in many international research projects, clinical trials, and scientific conferences where new technologies are being discussed. As a result, the sooner knowledge about new products is available here, the quicker it will spread to other nations and influence global treatment guidelines.

In addition, medical care in Sweden is based on straightforward national guidelines developed using the best scientific evidence available and on a consensus basis. Since healthcare professionals tend to follow the guidelines, it allows us to maximize the benefits of our treatments.

Last but not least, Sweden has outstanding national disease registries which allow us to evaluate the real-life outcome of our medicines, see the benefits they bring to patients but also learn about potential adverse events.

In May, Bayer inaugurated these premises on the campus of the Karolinska Institute (KI). What does this move signify for Bayer?

First, the move to KI symbolizes our willingness to collaborate with all universities and research centres across Sweden and the Nordic region. Of course, KI is the leading medical university in the region, and we wish to strengthen our already strong collaboration. But we also want to deepen existing collaboration with other universities such as Lund University and Oslo University. More

importantly, as a global company, we would like to act as a bridge between universities and connect the dots. By having people on the ground, we can contribute to strengthening collaboration between universities. We believe that the best innovative solutions can only be achieved through collaboration. One organization simply cannot bring the full value.

Apart from Coala Life and Pilloxa, Bayer has also entered into partnership with WarOnCancer, a social networking platform for cancer patients. What is Bayer trying to achieve through this collaboration?

WarOnCancer is a company that was formerly incubated by the Norrsken Foundation. Norrsken Foundation is a not-for-profit organization which supports and invests in companies with the potential to radically improve the world in all fields, not only life science. The owners have created an amazing coworking space called Norrsken House in the heart of Stockholm for over 350 impact entrepreneurs. Now they have plans to establish another in Kigali, Rwanda. The foundation wanted to establish strategic partnerships with five multinational companies in different industries. Luckily, they chose Bayer to be their strategic partner in life sciences and we agreed. We are now in our second year of collaboration and have participated in many events and activities.

WarOnCancer approached Bayer along with other leading oncology companies such as MSD, BMS, Janssen and Celgene to help develop the opportunities for cancer patients to report the effects of treatments in the social network. In this way, by working with WarOnCancer, we also collaborate with other pharma companies, a perfect example of coopetition.

What is the extent of Bayer’s clinical operations in Sweden?

Many of Bayer’s global clinical trials are being conducted in Sweden and other Scandinavian countries. Sweden, Norway, Denmark and Finland are all part of the 30 countries where Bayer conducts clinical studies, which is a testament to the high level of quality of their healthcare systems. Every year, we invest four million euros directly into clinical trials in Sweden, and similar amounts into other Scandinavian countries. Altogether, we have more than 50 people in Scandinavia to support clinical operations, from Phase I to Phase III.

By conducting clinical trials here, patients have access to future products for life-threatening diseases, which are sometimes their only option. I feel proud that we are able to give patients access to new technologies before they become products on the market. It is also important for

physicians to participate in these trials because they have the opportunity to treat their patients with and gain exposure to new technologies under a clear protocol supported by the FDA and EMA. Moreover, society is able to save resources as patients enrolled in clinical trials are not being treated by products available on the market subsidized by the healthcare system. These resources can thus be used to treat other patients.

What is your vision for Bayer in Sweden and Scandinavia?

Our most important role is to make the fruits of innovation available to all patients as early as possible. If you create innovation but people do not have access to it, it is a waste of time and money. In this respect, I think we can do better. Even though Sweden is an early adopter, there are still a lot of internal challenges. There are 21 counties here in Sweden and adoption of new technologies unfortunately differs from one county to another. Regrettably, we see that even three or four years after launch, new technologies are not fully implemented in some counties. This situation is not sustainable, it is not fair, and it needs to be changed. If Sweden wants to continue to be an innovation leader, equal access to the fruits of innovation should be guaranteed. Moreover, it provides a motivation for companies to continue investing in the country. Although the situation is still better than many other countries, I see some regression.

Secondly, I would like us to continue investing in clinical trials here. In pharmaceutical R&D, the D is all about clinical trials. Unlike in other industries where development can be done internally in the lab, pharmaceutical development can only be done with patients in hospitals. This is the nature of the industry. About 60-70 percent of the resources invested in R&D go to clinical trials. We would like Sweden to continue to be a location of choice for high-quality clinical trials in all phases, and to provide the healthcare system with the opportunity to participate.

Finally, I hope that Sweden can continue to be a pilot country for collaborations and partnerships with new technologies that can be scaled up globally if successful. My vision is for Bayer to open a local incubator for early stage technologies being created in universities because I think there is untapped potential. Transforming a great idea into reality is extremely difficult. Between the lab and the real world there is a Valley of Death. We would like to create a bridge for Swedish researchers and start-ups to cross this valley. Financial resources are only one part of the equation. Most of the time ideas in the lab need much more than money, they need guidance and knowledge. A researcher in the lab knows nothing about IP and patent protection, production, regulatory compliance, and so on. Bayer possesses a lot of this knowledge internally. I would like to convince headquarters to establish an incubator providing those services, in collaboration with all

universities and researchers across the country.

See more interviews