

# Martin Tenlen - General Manager Nordic Region, CSL Behring

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*Martin Tenlen was appointed as the general manager of the Nordics region for CSL Behring, the world's fifth-largest biotech company, at the start of 2019. He highlights his priorities for leading the local affiliate, improving access to new treatments, leveraging Sweden's innovation-friendly ecosystem through collaboration and strengthening the company's leading position in the blood plasma market in the Nordics.*

**After leading operations in Austria and working at the CSL Behring headquarters in Pennsylvania, you were appointed as the General Manager, not only for Sweden but the whole Nordic region at the start of the year. Can you give our international readers an overview of the footprint of CSL Behring in the region?**

CSL Behring is the fifth-largest biotech company in the world, with a footprint in more than 60 countries and revenue of around USD 8 billion. With a strong innovation focus, the Swedish affiliate was established more than 20 years ago and today, is the headquarters for the Nordic region, comprising Sweden, Finland, Norway, Denmark and Iceland. We have more than 31 employees working in all of these countries. In our region, we are the leader within the plasma protein area, which is our core business. Furthermore, the company offers the broadest range of products in the industry for treating coagulation disorders, primary immune deficiencies, hereditary angioedema,

inherited respiratory disease, and neurological disorders. We are very passionate about patients, as we go to work every day as if patient lives depend on it because they actually do. We are committed to delivering life-saving medicines to patients and while it is hard work, our focus on patients is our mission and promise.

### **What have you identified as the priorities in your new position?**

CSL Behring has built a strong momentum to become the number one company for plasma protein therapeutics in the Nordics and we have doubled our revenue and our staff number within the last 10 years. My goal is to continue to help patients in our different focus areas, as there is still room for improvement. Today, not all products of our global portfolio are available in Sweden and the region, so we will need to collaborate more with the authorities to ensure innovation will become accessible to patients. Sweden is committed to giving its population access to innovative treatments, with the necessary funding provided and the ambition to pursue this goal with regulators.

### **How is the global portfolio represented on the local level?**

CSL Behring in the Nordic Region has a portfolio of in-line brands in the following areas: Immunology, Coagulation and Critical Care. The global Research & Development has been extended from three to five main areas of focus. Rather than immunoglobulins, coagulation and critical care, our five therapy areas are now Immunology/Neurology, Hematology/Thrombosis, Respiratory, Transplantation as well as Cardiovascular/Metabolic. Most of these fields, which we have been partly active in the past, but the new structure, allows us to increase our focus on introducing new treatments, while also delivering with life cycle management.

Our goal at the local level is to involve patients and health centres in our clinical studies and work with other stakeholders to understand how it affects the society in Sweden. At our current stage, it is all about understanding and delivering evidence that these potential treatments are helping patients, delivering value and driving innovation.

We are collaborating with a variety of stakeholders and looking at real-world evidence across many products, which we have on the market today. In addition, Sweden's quality registries help us to better understand the markets and patient needs, for example in the immunoglobulin area, allowing us to improve the way we operate and deliver an improved patient experience.

**CSL Behring CEO Paul Perreault stated in an interview with Pharmaceutical Executive in 2018, “that with me-too products in today’s market, you’re not going to get reimbursement because governments won’t pay”, and underlined the need to really focus on innovation to be successful in the long-term. How is this reflected at CSL Behring’s operations at the local level, leveraging Sweden’s world-class academic ecosystem for R&D & clinical research?**

We collaborate significantly to deliver evidence through clinical trials here in Sweden and currently, are preparing the launch of a new indication for our product Hizentra®. It targets a disorder called Chronic Inflammatory Demyelinating Polyneuropathy (CIDP), an extremely debilitating disease, in which the body attacks its own nerves. CSL Behring delivered a study, entitled: “Polyneuropathy and Treatment with Hizentra®” (PATH), which was the world’s largest study ever in CIDP. This provided the necessary evidence for us to file for this new indication and subsequently receive approval from the EMA. The product will be launched in the Nordic countries, which contributed in generating evidence as part of the PATH program. It is worth mentioning that Hizentra® is the only subcutaneous immunoglobulin product that has this indication in the world.

The other field in which we are collaborating with R&D stakeholders, is our new cardiovascular/metabolic treatment area, with our phase 3 product CSL112. The clinical trial AEGIS-II (ApoA-I Event reducinG in Ischemic Syndromes II) will evaluate the efficacy and safety of CSL112 for the reduction of early recurrent cardiovascular events following acute myocardial infarction (MI). CSL112 is a novel apolipoprotein A-I infusion therapy that has been shown to have an immediate and significant impact on the ability to remove cholesterol from arteries. The AEGIS-II trial has already started enrolling around 17,000 patients from approximately 1,000 medical centres around the world. The study is ongoing, with the Nordic countries being part of this drug development stage.

These are only two examples that exemplify our commitment to collaborate with the local scientific community, to bring innovation to Sweden.

**What do you see as the most unique aspects of the Swedish pharmaceutical market?**

There are many strategic reasons why CSL Behring has its Nordic headquarters here in Sweden. There are patients here to help with rare diseases and this is the single most important reason for

our presence in the country and the Nordic region. Sweden has a strong science environment and know-how in the life sciences. We see that the government is very focused on driving innovation and allocating funding. For CSL Behring, it is important to be part of this environment, as it complements our company values. There is a great sense of collaboration between all stakeholders in the medical field, including government, patient organizations, hospitals and the industry. This is a crucial advantage for Sweden, as we can come away with better solutions by cooperating.

I also see many similarities when looking at countries like Norway, Denmark and Finland. These commonalities are leveraged to strengthen cross-country collaboration. By pooling our resources together, we can foster research and development to create more innovation.

**Swedes are very committed blood donors. As one of the world-leading blood plasma companies, does this have an impact on your local operations?**

I believe that Sweden is doing well in this area, although we can do an even better job. When looking at the global supply, more blood plasma donations are needed. Like any other company working in this area, CSL Behring is the global leader and committed to supporting patients when it comes to the collection of blood plasma. As science continues to show that these medicines can help patients. We opened 30 new collection centres globally this year. In addition to our 220 existing centres, we will open 40 additional collections centres globally this year. The world's population is growing, so there's a higher demand for blood plasma and health agencies around the world see the value of these products and are more willing to reimburse them. Sweden is no exception to this and while Swedes are active plasma donors, today the country is using more blood plasma than it is collecting. All stakeholders need to collaborate to ensure that we increase blood plasma donations, due to the growing need worldwide.

**You have had significant experience in working for both AstraZeneca and CSL Behring in the US, the world's largest market for pharmaceuticals. How does this unique experience help you in leading the Nordic region affiliate?**

The US is a country that offers individuals many possibilities for achieving great things. The motivation to achieve what is possible and the ability to collaborate are two key ingredients for success. I bring this mindset to CSL Behring here in the Nordics and I think it is a great fit because the countries are investing in innovation and bringing new possibilities to patients here. This works

also in the favour of our talented staff here, as I want to give my employees opportunities and possibilities for personal and career development within our company, by leveraging and building on the experience I have gained in my previous positions.

### **What is your vision for the CSL Behring affiliate for the next five years?**

I want to maintain our position as the leading plasma protein therapeutics company in the Nordics and further instil the element of patient-centricity into our operations. There is room for improving accessibility to our innovative products for patients in all five countries of the region. While we have been growing over the last ten years, there remain plenty of opportunities left, especially in the new treatment areas that we will be focusing on in the future. I will continue the build on legacy the company has created since its establishment in the region twenty years ago but I am convinced that we can do even better, given that the Nordic Region provides an environment that fosters innovation.

### **Do you have any final message?**

As an industry, it is very important to collaborate. I see these steps being taken by associations like LIF in Sweden, which encourages collaboration between hospitals, patient organizations, government, academia and industry. The responsibility for driving an innovative environment lies with all stakeholders, so I encourage my peers to collaborate as, in the end, more patients will benefit from this mutual approach. We can do a good job individually, but an even better job when working together.

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