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Here at Parexel, I have in my hands the engine of change

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Bertrand Sohier, VP and general manager business and administration of Parexel France discusses the latest trends impacting the clinical research environment of the country, gives insight on the strategies the company utilizes to differentiate itself from competitors, and shares the importance of keeping a patient-focused mentality at the core of Parexelâ??s operations.

Before joining Parexel in 2011, you spent a decade in the big pharma environment with GSK. What motivated you to change sectors and enter the CRO space?

Big Pharma has the advantage of vast funding pools to execute excellent research, but there is a disadvantage of bureaucratic hurdles and diluted responsibilities that make agility difficult to maintain. Here at Parexel, I have in my hands the engine of change; discussing projects, meeting clients, and building strategy, I am able to work with flexibility and stay focused on client needs to improve patientsâ?? lives.

What have been your strategic priorities upon entering the role of VP and General Manager Business and Administration as of last November?

As a physician and country leader, my first strategic priority is the patient. Here at Parexel we want to be the CRO of the patient, to put patient interest at the heart of what we do through various channels. Firstly, we instil a cultural mindset of asking ourselves what have we done to improve patientsâ?? lives today. Secondly, we constantly propose a strategic focus on the patient experience in trials to our clients. For example, Parexel has developed a detailed methodology to thoroughly evaluate the burden of clinical trial procedures faced by patients and propose solutions to alleviate this burden.

Obviously, there are commonalities between patients suffering from the same condition, but the reality is that each patient is unique. Unfortunately, many experts in clinical research still propose one size fits all solutions. Parexel is making efforts to change this view and for instance, we are working on an asthma trial for which the average age of active participants is 40. We realized that a big help for them was to take care of their children during the site visits meanwhile we also proposed a variety of other cost-effective supports to satisfy the needs of different older or younger asthma patients. This has helped Parexel to faster meet our recruitment and retention strategy.

How has twelve years of patient-facing experience as a pulmonologist benefited you in this role?

Whenever I start a new project, I put myself in the position of the treating physician and genuinely think about the patient best interest. Having a clinical experience is important in this exercise. I know under my skin both the great feeling of having cured or alleviated the burden of a disease and the terrible consequences of an inappropriate or delayed treatment on a person. This can make a huge difference in decision making. I can speak with key opinion leaders and fellow physician as a peer, which is imperative in my ability to grasp a strong understanding of what their needs are and how Parexel can improve its service offering as we move forward.

Parexel is one of the worldâ??s largest and leading CROs with 80 locations in 51 countries around the world. What is the importance of the French affiliate to the global operations of Parexel?

Parexel France is recognized for its excellence in clinical research specifically in oncology. Within the industry, there is currently a strong focus on the Asia Pacific region because of the transformation and volume of new trials. Parexel influence is strong there, our China offices are amongst the largest ones compared to similar CROs. Our team in that region is learning fast but is still greener than their counterparts here in Europe and in the US. We want to leverage our expertise in France and apply it to Parexelâ??s focus on APAC; their success will also be our success.

Parexel France has launched a Site Alliance Network initiative. It is a network of excellence in clinical research. It enables us to quickly access and enrol patient populations for clientsâ?? clinical trials in France while delivering best in class data quality. We want to differentiate ourselves from other CROs by building close relationships with our trial sites. This network is a win-win opportunity as we prioritize our partners for trials while training them on the latest trends in clinical research. In exchange, they give us faster recruitment and enhanced data quality. We love working with them and according to a recent survey they love our collaboration too.

What are your views on the French clinical trial environment and how have you seen the trends and dynamics in the country evolve over recent years?

Just to put things into perspective, last year we recruited twelve people in our clinical department whereas the rest of Europe remained flat. France is a global oncology leader, half of all the R&D expenditure goes to this therapeutic area, and this translates into our business.

Moreover, with the recent strategic initiatives taken by the government, we have seen concrete changes in terms of clinical trial approval. There is now a single point of contact when applying for approval which is significant progress.

What further changes do you see as necessary to make France more competitive in regard to trials?

The biggest trend shaping the clinical trial sector is digitalization. In France, there are many emerging companies in this area, making IT a focus point for the country. In precision medicine, France has great research bodies such as *Institut Pasteur* or *Institut Curie* and we should further

leverage their reputation.

As the whole industry is starving for good quality real-world data, we have in France a key competitive advantage with our national Social Security system. We have a single payer for the whole population with no gap in the system. It allows for all health data from an individual to exist in one place. This is a big differentiator that France has in comparison to most countries and it is only recently that people have started to understand the potential that exists for this asset.

Looking at the topic of precision medicine. How have you seen industry demands evolve when it comes to clinical trials?

This past year we have seen a change in executing clinical trials, particularly for oncology, with agnostic indication and biomarking. Before, trials in oncology were classified by organ, such as lung or liver cancer, whereas now we are seeing the emergence of clinical trials based only based on the genomic type of cancer cell and biomarkers.

Similarly ten years ago, asthma was mostly seen as a single disease whereas following significant advances in phenotyping, different clusters have been identified which have a different response to biologic treatment. This implies that research sites must now record more granular patientâ??s data. Both adequately phenotyping patients and recording these data are now key for fast and satisfactory recruitment. Sites are now requested to know in real time who is their patient with a given phenotype.â?? telling us simply that they have numerous asthma patients is no longer enough.

With more players joining the clinical research space, the risk of commoditization is a top challenge facing the CRO market. How can Parexel differentiate itself from the competitors within the sector?

Parexel differentiates itself from competitors with two factors being expertise and innovation. Here at Parexel, we have a highly talented pool of employees including former FDA regulators, scientists, and physicians â?? something you will not find elsewhere. We are not only the doers of the industry, but also thought leaders. My company is a front runner in the integration of big data from the real world, precision and genomic medicine, home-based virtual trials etc. As an insider, it is fascinating to see the emergence of these new solutions for clinical research.

Parexel also has the capacity to serve a diverse client base, in France our emerging biotech companies need specific support. For example, they frequently forget the market access perspective in their drug development journey. To provide them with best possible expertise my medical team integrates with Parexel Biotech, our new, dedicated division. , to support them both in reaching their drug development and market access goals quickly and cost-effectively.

What strategic objectives would you have hoped to achieve in the upcoming five years?

As said, my top priority is to continue putting the patient first, making this a strategic priority for everyone in the organization. We will constantly ask ourselves how can we make any given trial easier and safer for patients. Secondly, I want to uphold a strong customer focus. Drug development is a challenging area, you need to take risks and sometimes despite all your effort and best expertise you can struggle. With patientsâ?? life, big investment and even their own jobs at stake, our clients are under pressure. They are demanding and transfer their pressure on us. My role is always to

remind the teams that even highly demanding clients should never be perceived as a burden or as a disruption but as an opportunity to improve and to remain at the top of our game. My final objective is of course around the Parexel team. We have a fantastic team here, all the senior leaders in France are committed to developing our talents and to retain them. According to a recent survey, our French team is truly bonded to the company. Both happy Mondays and happy Fridays are the healthy norm here. I am a fortunate leader.

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