

Interview: Eric Tse – General Manager, Shire Canada



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Eric Tse, general manager of Shire Canada, highlights the affiliate’s exciting journey over the past four years, including new office location in downtown Toronto, and the launch of six new products in 2017 alone; Shire’s portfolio of innovative solutions across rare diseases and other areas like attention-deficit/hyperactivity disorder (ADHD); and their focus on collaborating extensively with patients and healthcare stakeholders to build a sustainable healthcare system for all Canadians.

Eric, four years into your time as General Manager of Shire Canada, what have been the main highlights for you?

Shire Canada’s journey in the past four years has been hugely transformative, and we have witnessed some major milestones. Firstly, under global CEO Flemming Orskov’s leadership, all of Shire’s different business divisions, which had previously been operating in a rather fragmented and silo-ed manner, were brought together under a “One Shire” initiative. The result was increased operational efficiency, growth in scale and size – as Shire’s various portfolios had different footprints across different countries – and more focus on innovation for the benefit of patients. There was also a major undertaking to look across our development programs to identify the focus areas for Shire.

Today, around 75 percent of our clinical development program is in rare diseases, with the remaining in highly specialized diseases.

Shire has also made a number of acquisitions, from companies like NPS Pharmaceuticals and ViroPharma, to Baxalta, which was obviously a major acquisition that propelled us into the leadership position in rare diseases.

As a result of the Baxalta acquisition, Shire Canada moved into our current office in downtown Toronto. Being based in downtown Toronto now has really given us the opportunity to work in a very vibrant community, as we are just a stone's throw away from major hospitals and government stakeholders. It is rather rare for a Canadian pharma company to be located downtown and the energy and vibe here really change the dynamics of our work significantly.

Finally, we are very proud of our pipeline. In 2017 alone, Shire Canada has launched six new products, which is almost unheard of, and we have many more launches in the years to come. Overall, it has certainly been an exciting and very busy four years.

How would you describe the Shire company culture today?

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Every pharma company talks about patient-centricity but it is really a different ball game in rare diseases. These are significantly life-impacting and life-limiting diseases affecting very small populations. This intimate patient focus really defines how Shire operates as a company. While maintaining the strictest ethical considerations, we aspire to learn about the patient journey intimately and the struggles they face. This is why we keep pictures of our patients around the office: as a daily reminder of our work. We strive to keep them front and center in our work across the various disease areas.

Innovation is also core to our organization globally. When it comes to challenges with reimbursement in Canada, we look at tackling the issue in a different way, for instance, through innovative access models.

How would you evaluate Canada's approach to the treatment of rare diseases?

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As in many other jurisdictions, rare diseases are a significant area of unmet medical needs. What is sometimes overlooked is that while rare diseases are individually quite rare, collectively, there are around 7,000 rare diseases in total, so they are quite a prevalent issue. Around 1 in 20 Canadians suffer from a rare disease, which puts it into perspective.

Canada is the only Western country without a rare disease framework. There is no official designation or recognition of rare diseases in Canada, which is a little shocking. The previous Federal government had launched an initiative to look at establishing a rare diseases framework but with the change in government in 2015, progress had stalled and it seems like this initiative has been put on hold. We are still hopeful that some of the major considerations surrounding rare diseases will still materialize in new policies but it will not be within a specific rare diseases framework, which is disappointing. There is a huge need within Canada for a more coordinated effort in supporting this area, not just in terms of helping patients but also on the research, innovation and funding side.

More generally, market access in Canada has become more of a challenge over the past few years. In some cases, even when products are approved at the same time, it may take more than two years for a product to be available to patients within the public systems compared to some of the quicker market access countries.

Across the board, the issue of timely access to treatments has been increasing steadily over the past few years. This is even more pressing when it comes to rare diseases, because on average, it already takes patients five to seven years to receive the correct diagnosis. Any additional delay from a market access standpoint compounds this problem.

As a global leader in rare diseases, how is Shire Canada pushing for change here?

Across our various portfolios in Canada, we always try to identify areas where we can bring more value. Understanding the patient journey and experience is really important to us. This means diagnosis, access to therapies, disease management and psychological support. As much as possible, we individualize our approach to patients.

But we also recognize that change is a collective responsibility. Where it makes sense, we work collaboratively with industry, health care professionals, government and patient organizations to propel change that is needed here in Canada.

How strong would you say the patient voice and patient advocacy efforts are in Canada?

It does vary across the disease area. In terms of rare diseases, it is highly fragmented. Of the known rare diseases, only fifty percent have a disease-specific foundation or support group. In Canada, CORD is an umbrella organization for rare diseases, and they are doing excellent work, but the patient experience and issues can be highly specific and unique to each disease.

Besides rare diseases, Shire also works in other areas like gastroenterology and internal medicine. How is the portfolio split here in Canada?

As an affiliate, we are a bit of an outlier within Shire globally. Internationally, outside of the US, 90 percent of our business is in rare diseases, while in Canada, we are split down the middle, with 50 percent in rare diseases and 50 percent across the other areas in which we work. For instance, Canada is the largest market outside of the US within our neuroscience portfolio.

As general manager, how do you advocate for more investment into the Canadian affiliate at HQ?

In terms of affiliate size, prior to the Baxalta acquisition, we were third after the US and Germany. Baxalta had a much larger presence globally and now, Shire Canada ranks around eighth or ninth but we have aspirations to grow beyond that. As a result of our pre-acquisition size, Canada is designated both a region and a country within the Shire organization, meaning that I sit with our regional heads reporting to our Head of International Operations.

Our history of success here has also resonated well at the HQ level. There is a lot of trust in the Canadian affiliate and the company recognizes the opportunities here. We are often the first market to launch new products outside the US, especially in neuroscience and gastroenterology, and we expect this to be the case for future launches as well.

Shire has also taken advantage of the great research and science being conducted within Canada. Our acquisition of NPS Pharmaceuticals is actually a Canadian success story, based on the compound, teduglutide, which was discovered by a Canadian researcher, Dr. Daniel J. Drucker, based at the Lunenfeld-Tanenbaum Research Institute. Having discovered it, he worked with NPS Pharmaceuticals, a Canadian biopharma company, to bring it into late clinical development, and subsequently, Shire acquired NPS and took the compound across the finish line. Some of the initial NPS employees that worked in the labs on this compound are still with us today!

On a more personal note, you have previously worked with Novartis and Bausch & Lomb with a focus on the ophthalmology area. What learnings have you brought over from that into your time with Shire?

Ophthalmology is a very interesting and complex therapeutic area because it has so many subspecialties. I have dealt with inflammatory diseases, genetic diseases as well as rare diseases within this space, so I have been able to apply some of that expertise to my current role.

Rare diseases is a particular interest of mine because there is a huge unmet medical need here and oftentimes, we are working in areas where there are no available treatments.

Previously in my career, I had dealt with disease that initially had no viable therapy options. We were able to bring new innovative medicines that not only slowed the disease progression but actually reversed progression.

I want to bring that hope to rare diseases. There are so many underserved patients that we need to keep trying even when there does not seem to be any obvious solutions. Sometimes there is no silver bullet to be found at the beginning and the way forward is simply incremental. We need to constantly strive to help patients change their disease from a life sentence to a manageable condition.

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