Interview: Ronald Brus â?? CEO, myTomorrows, The Netherlands

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Harnessing the power of big data and the Internet, myTomorrows is working to help patients in need to access treatments that would otherwise not be available outside of a clinical trial. CEO Ronald Brus discusses the workings of this unique and disruptive company.

As an introduction, given your wealth of experience in the biotech sector here in the Netherlands with involvement in companies such as Crucell, what is your assessment of the innovation climate here in the Netherlands?

As a result of the success of Crucell, a lot of companies were spun off including Galapagos. Many in the life sciences sector also took Crucell as an example and role model that proved what the Netherlands is capable of in terms of biotech. However, this is not sufficient.

What is most important is a regulatory and economic environment, as well as a conducive infrastructure, that allows individuals to successfully build companies. Innovation is the result of how much money and expertise are being allocated and how these elements combine with rules and regulations. Funding from venture capital and the necessary IP knowledge need to be centered around universities and people with great ideas. Is this climate good enough in the Netherlands? Certainly not, even though there is a good pocket of biotechs in Leiden and a growing one in Amsterdam. The atmosphere is not like San Francisco or Boston because we always separate money from academia in our country, as opposed to the US case where money and academia are in much closer proximity and interact in a healthy way. The interaction here in the Netherlands between funding and science needs to be much swifter and more natural. Furthermore, I do not support subsidies because they do not work. They are an artificial way to sponsor ideas that are not good enough to make it to the market.

myTomorrows is a unique concept. What was your inspiration for founding the company?

I am a physician and worked for many years as a biotech CEO. Then, my father fell ill with lung cancer. Being at the heart of industry, I was able to speak with CEOs of pharma companies and found out that many possessed great treatments that could potentially help my father. I thus tried to bring these drugs into the Netherlands. Despite compassionate use laws being in place, the process took so long and was so cumbersome that I was only able to deal with the bureaucracy in eight months â?? even given my specialized background and network. In the meantime, my dad died, and I decided to found myTomorrows out of frustration at not being able to help my father and to be able help others in the same situation in the future.

Many commentators believe that drug development takes an inordinate amount of time, particularly once it reaches the clinical trial stage? What is your assessment of the situation?

Throughout my over 25 years in the industry, I have always thought it was funny that we call this process drug development. The drug is not being developed, as the molecule remains the same throughout the so-called â??developmentâ?• process. Why do we call drug development what is simply a testing process? The molecule that is a life saver today was a life saver ten years ago. Rather than developing the drug, you develop the cohort of patients who might benefit from this drug.

There is only one reason why a good drug is expensive â?? the fifteen years taken to â??developâ?• it. The molecule itself is not expensive. If we continue down the current route, the process will only become more expensive, but if we introduce drugs earlier to the first patient â?? they will become cheaper and more patients will benefit. Introducing a drug to a surrogate market earlier will also create more competition, thus bringing down costs and encouraging more new drugs. If you want to break the hurdles of innovation, you need to make sure the development time is shortened, short and simple.

How is myTomorrows suited to respond to these necessary changes?

We say that you do not need fifteen years to develop a drug. In most cases, you can tell if a drug is effective and patients do benefit after seven or eight years. We thus help patients to have access to these drugs earlier, acting as a game changer for the entire field. Ultimately the patients will benefit, and thatâ??s why we do our work.

In the past, patients and physicians who wanted access to experimental drugs needed to complete research, fill out much paperwork, and jump through other bureaucratic loops before seeing if the company producing or manufacturing the drugs that interested them would cooperate, which is not a given. We wanted to turn this around and create a marketplace, in which myTomorrows has already approached these companies regarding their treatments, and can thus list all the drugs available if patients complete such a request. This simplifies life for physicians and patients enormously, as you can simply search on our marketplace which products are available, knowing that we have followed all rules and regulations.

myTomorrows started selling in March 2015. As we are a marketplace like Spotify, we could not create a marketplace with only one song or one drug. Today, we are now active in seventeen countries and have expanded from offering three drugs on our marketplace in July, to five drugs today and will offer twelve by the end of the year.

How have actors in the industry responded to this new model?

I often speak with biotech CEOs and am surprised to hear them say that they are doing this or that to please big pharma. My question to them is always â?? are you developing a drug for big pharma or for the patients?

Naturally, actors who benefit from the current system do not want this change, but patients will ultimately win as they are the consumers. Healthcare is consumerizing so rapidly today that for the first time patients truly understand what the process of drug development entails. The Internet and social media have helped patients enormously in terms of accessing information. For example, patients groups can now attend conferences and see the results of studies in real time and as a result are asking for access to drugs on the basis of data. Societyâ??s growing access to data changes the world, and the pharma industry should not be an exception.

Surprisingly, pharma is still a field where the Internet is not being used frequently. Everything is still on paper, and such concepts as key opinion leaders are still intact, whereas other industries have abandoned KOLs, given that the Internet is much faster and will always know more about data than any doctor potentially can.

You need friction for traction. There is so much air in the current model that can be pushed out. Indeed, there are always people who like the old model, and they generally use safety as the reasoning. It can be compared to peopleâ??s fear of Uber or AirBNB as they are new and not safe enough. Even when trains first came into the Netherlands, people claimed it was not safe for the cows.

myTomorrows currently has early access programs for various innovative treatments in the fields of oncology, neurology, psychiatry and rare diseases as well as diagnostics. Could you please explain exactly how these programs work for the physician and the patient?

myTomorrows facilitates. We help patients to understand and follow the currently-existing rules and regulations in a more swift manner. We offer them a new toolbox via our marketplaceâ?? drugs in development and the results are laid out for the physicians to judge. From this pure data perspective, a physician can thus determine whether his patient would benefit from a certain drug. myTomorrows is independent and does not have a view on the therapies; we just facilitate access and give the option to patients, as we think the data will speak for itself. Ultimately, we want feedback for patients into the system, so other patients and physicians can benefit

In terms of procedure, the doctor and patient need to know this drug is still under development, and there is thus a consent procedure. We send every doctor/drug/patient/combination to be stamped by the relevant authorities to waive liabilities associated with drugs. Regulatory authorities thus also see every step that the doctor and patient undertake.

Next there is the question of payment. In sophisticated economies, usually if the doctor, patient, and authorities agree that the treatment is suitable, it will be reimbursed. In some countries, though, this question is left between the patient and insurance company.

How concretely did you go about establishing a company such a new business model?

As a start, I could invest my own funds in the company, which substantially aided in its creation. Starting such a structure from the ground up without the necessary means would have been extremely difficult. Given the rules, regulations and bureaucracy, you have to build up so much structure in order to deliver the first pill or vial to the patient. For example, myTomorrows has a wholesalerâ??s license, manufacturerâ??s, and regulatory licenses, as well as physicians and oncologists on board. We needed all of these elements prior to being able to help even one patient. The first three years, we were under the radar, making sure we understood all the rules and regulations in the different geographies where we operate. We also had to understand payment structures.

myTomorrows just announced its new API in September. Could you please outline this program and the impact it will have on patients looking for more information?

We believe that patients will ultimately be consumers. If you book a hotel on Booking.com, you want to know how many other people commented on the hotel. Isnâ??t this a fair request, and wouldnâ??t it be fair as well for drugs? People want to know if they are fifth or fifty-thousandth patient to take a certain drug. We believe patients need to have a bigger say in drug development, as it is really patient and cohort development. We believe these initiatives are imperative for a successful drug-patient interaction. Ultimately, we aim to disseminate 24/7 data on how happy patients are with a certain drug.

What kind of companies is myTomorrows partnering with in order to make these life-changing treatments available for patients?

We work mainly with biotechs, the idea being that we also should help these companies to be the owners of their own success. If a biotech company has a great drug, we feel they should benefit. It should not be forced for economic considerations to settle for selling their product to big pharma and receive only two to three percentage royalties in exchange. The current system is simply not fair. Biotechs should not be forced to sell the family silver, as they were the originators and the ones bold enough to start this innovation.

Due to the consumerization of healthcare, patients are much more vocal. As an example, a representative of a patient organization may go to a conference and then tweet about a new drug for a condition. Thousands of patients with this condition will thus contact the big pharma company behind this product, who does not know how to handle such a request. Companies can decide to help the patients or not, but if they follow their own slogans â?? it only make sense to help. There are thus considerations for why larger pharma will also want to cooperate with our model.

One of the companyâ??s aims for 2015 was to expand its business operations to the US, how is this progressing so far and are you looking to do the same in any other markets outside Europe?

As we are an Internet company, we cannot block people from any country having access to our platform. We have people on the ground in the countries we are active in. Not every country is easy to enter, which is the same challenge faced by other disruptive technology platforms.

Where would you like to take myTomorrows over the next five years? What are the key milestones which you would like to have reached in that time?

Thus far, in every country that we entered, we have been successful. We are growing in terms of the number of patients we serve, the number of drugs on our platform, and the number of countries we will operate in. Over the next five years, the company will grow rapidly, but, we of course do not know how the party will end. Today, though, it is so nice to help patients all over the world by facilitating something so simple â?? aiding them in accessing drugs that give them access to more tomorrows.

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