Patrik Forsell â?? General Manager, Takeda Denmark

I see [market access] delays as a threat to Denmarkâ??s ability to continue to attract international investment and clinical trials

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Industry veteran Patrik Forsell oversees Takedaâ??s operations in Denmark. Here, Forsell talks through how sizeable shifts in the companyâ??s global portfolio and focus over the past four years have played out at the Danish level, the increasingly challenging market access situation for rare disease treatments in the country, and how he managed the affiliate through the COVID-19 pandemic.

You have a very extensive CV, with experience at a variety of pharma companies across Europe. Could you begin by talking us through your career trajectory up to this point?

I joined the pharma industry in my native Sweden back in the late 1980s with Novartis, where I went on to spend 13 years with different roles and responsibilities across product and sales management on both a local and regional level. Following that, I joined Schering Plough (later acquired by MSD) as Nordic business unit head for specialty care with a particular focus on immunology. I was part of the launch of their anti-TNF product at what was a very interesting time to work in pharma.

I then joined UCB where I held a variety of roles and responsibilities across geographies and therapeutic areas. At UCB, I spent five and a half years as GM for Hungary, three years in Switzerland as immunology lead for Central Europe (Switzerland, Austria, Hungary, Czech Republic, and Slovakia), and then three years in the same role for Northern Europe (the Nordic countries plus

the Netherlands and Belgium). I learned a lot from working across different countries with different cultures and healthcare systems which I draw on in my current role as GM of Takeda Denmark, a position I have held since 2017.

Globally, Takeda has been undergoing a transformation in recent years, becoming the global leader in rare diseases with the acquisition of Shire and divesting â??non-coreâ?? assets in OTC and consumer goods. How have these global shifts played out in Denmark?

We have seen big changes in Denmark. Historically, Takedaâ??s affiliate in Denmark was the old Nycomed organisation, which had a strong heritage in the country, with five production facilities at its peak. Additionally, when I joined, we still had several team members with global or European positions sitting in Denmark, most of which have subsequently been transferred to other parts of Europe or beyond to make the organization fit for purpose. Recently, we divested a significant part of our portfolio in established brands and OTC products that came from the old Nycomed portfolio.

There have been a lot of exciting changes made over my four years with Takeda as we continue the journey towards focusing on our core innovative business and our great, global pipeline. Bringing a new organisation to life has been a great experience here, where we must adapt to local realities despite being part of a global company with strong cooperation with our Nordic neighbours.

How significant was Shireâ??s portfolio in Denmark prior to the Takeda acquisition and what work has had to be done to integrate the two businesses?

Shire had a Nordic setup with a strong focus in Sweden and a much smaller footprint in Denmark, with only 10 or 11 employees. Since the acquisition, we have been able to grow the legacy Shire business through the implementation of localisation strategies.

Takeda now has an expanded global portfolio across gastroenterology, plasma-derived therapies, oncology, neuroscience, and rare diseases. What are your key areas of focus in Denmark and how do you allocate resources over such a broad portfolio?

Our Danish portfolio is quite well linked to the global portfolio. The only thing that differs in the Nordics is that we are perhaps even stronger in neuroscience than Takeda is globally, especially in ADHD. Beyond that, we are focusing heavily on GI, and on rare diseases, where we have both a strong current portfolio and future pipeline. That was part of the rationale behind divesting our non-core activities in OTC, consumer health, and established brands.

The past 18 months have been challenging for all healthcare stakeholders beyond the direct impact of the COVID-19 pandemic with supply chain strains, patients not visiting their doctors, and surgeries being delayed. How have you managed your team through this period?

From a results perspective, we had a great period of growth, both from the fiscal year of April 2020 to March 2021 and since. Our growth has stood at a double-digit growth of around 15 percent, compared to overall market growth of two to three percent. However, we have seen challenges in

terms of connecting with stakeholders and have had to quickly speed up omnichannel engagement tools. Today, we are doing a lot of our stakeholder engagement virtually whether in terms of advisory boards, physician meetings, or educational training sessions for nurses.

This was crucial as we continued to launch new products and new indications for existing products even over the lockdown period This comes with the need to educate both healthcare practitioners and patients. Takeda has been extremely innovative in driving virtual interactions and virtual education. From the patient side, this is particularly important as some of these products are self-injected.

How well prepared was Takeda in Denmark for this digital pivot?

We had made some baby steps towards digital engagement prior to COVID-19, but the pandemic forced us to really make the leap to virtual. I feel that we have been extremely successful but of course, we still have a lot to learn. Recently we launched a new, more agile, organisational model across Europe that can also be attributed to the impact of COVID.

How have you seen the market access landscape evolving in your four years at Takeda Denmark? Is it becoming more challenging to launch innovative products in the country?

One of Denmarkâ??s historic successes was becoming an early launch country not just in Europe, but globally, where companies were able to launch innovative products extremely quickly. This made Denmark a very relevant destination for European and global companies to invest in, including in clinical trials which give Danish stakeholders the experience of working with innovations. The National Experimental Therapy Partnership (NEXT) is a very good example of this.

However, we now see a much more challenging environment, where the Danish Medicines Council takes longer and longer to evaluate products and is much more demanding than before. This is especially pertinent in terms of rare diseases, where data is being requested that it is not necessarily possible to generate in the small patient populations that rare disease medicines serve.

I see these delays as a threat to Denmarkâ??s ability to continue to attract international investment and clinical trials. Part of my role as country manager is to fight to continue to get clinical trials in Denmark; a fight which is complicated somewhat by these access delays.

As Takeda begins to focus more on rare diseases with smaller patient populations, how important are Denmarkâ??s holistic patient records going to become in your work?

Very important. As a company, we already invest heavily in the utilisation and creation of real-world evidence (RWE), both for our existing drugs and our new pipeline. Across the Nordics there are fantastic databases of patient data so our long-term focus is on accessing this data and creating more RWE, which will be beneficial both from a pharmacoeconomic and access point of view.

Data is one part of the Danish governmentâ??s ambitious new Life Science Strategy. What is your take on the Strategy and the impact it can have?

The new Strategy represents a great ambition in terms of attracting and making it easier to run clinical studies and other research projects in Denmark as well as attracting more qualified labour, which is a big threat to the industry at present. As a small country, we need to import labour, therefore the framework conditions need to be attractive. Additionally, creating more opportunities for Danish firms to export their products is very important for the country, as the home of big companies like Novo Nordisk, Lundbeck, LEO Pharma, ALK, as well as some smaller pharma firms and biotechs.

We are pleased to see initiatives within the Strategy to boost the attractiveness of Denmark both in terms of access and investment. Now that the Strategy has been launched, we are waiting to see some action. For example, although this is not the first Life Science Strategy, we have seen the Medicines Council contribute to a worse access scenario over the last few years rather than a better one.

How do you square Takedaâ??s Japanese heritage with the flatter hierarchies more common in Scandinavian business culture and what is your value proposition to new talent?

I have worked for several Big Pharma companies but was amazed by Takeda and how it lives its values when I joined. On several occasions here in Denmark we have even taken decisions that have jeopardised our financials, but which have benefited patients. Having recruited quite a few people over the years, I see the fact that Takeda is truly value-driven and has a strong purpose as a key attractor for talent, especially younger talent. Added to this is our strong portfolio and pipeline that make a difference for patients with severe and rare diseases, as well as the adaptation of our operational model to become more agile. Takeda is a truly patient-centric company.

What is your ambition for Takeda Denmark?

I want to continue to deliver fast access to our medicines for the rare disease patients that need them as well as bring forward innovations that really benefit patients, both in terms of new treatments and new methods of administration.

What have been some of the highlights of your long career in pharma?

Within Takeda Denmark, by biggest achievements have been bringing new innovative drugs to the market for patients with rare diseases. Looking further back, it was fantastic to be involved in the launch of the first anti-TNF drugs, which had a life-transforming impact, allowing patients who had previously been confined to wheelchairs to walk around freely. The transformational effect that innovative biological treatments can have has stayed with me ever since.

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