

Sue Desmond-Hellmann, MD, PhD

President, Product Development, Genentech



**2006 HBA
WOMAN
OF THE YEAR**

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People who know me and how much Biotech means to me and how much Herb Boyer means to me will understand what an enormous honor it is to be introduced by Herb Boyer.

Thank you very, very much to the HBA. You are all extremely inspiring. For you to select me for this recognition means a lot to me. It particularly means a lot to me because I was nominated by some of my colleagues at Genentech, and that means the most to me because, as those of you know who work in drug development, no one does anything by themselves. So, everything we've accomplished at Genentech is a partnership, a collaboration.

It's a special honor to be awarded this recognition by the HBA group. As a woman in science and in medicine, I'm not uncommonly the only woman in the room. I know that's true for many of you. In leadership and in science we still have many too few women.

There are two things that I wanted to focus my remarks on today in the hope that it will help and inspire some of you who I'm sure I'll be coming to your Woman of the Year in the future, particularly those sitting in the row in front of me.

The first is biotechnology, and the second is leadership. We celebrated on April 7th the 30-year anniversary of biotechnology. It's amazing to me to sit next to Herb Boyer and think what must it have been like 30 years ago for Herb and his partner, the late Bob Swanson, with little more than some great science and a dream. To found an entire industry. If that's not inspiring, I don't know what is.

That's one of the things that I really want to focus on in my comments, and I think is special about leaders that mean a lot to me, and that I aspire to as a leader—that dreaminess, that hope and promise and passion to do something that's never been done before. That's a great thing. It's amazing what those two human beings did. They created an industry that now has made such a big difference. I love biotechnology. I love being at Genentech, and I love what biotechnology enables. For me it's not just an industry. It's an approach, a way of innovating. What it allows us to do is something that I care about most, which is to think about patients who need something from us. Patients are the inspiration for all of us in the health care industry. What biotechnology has allowed for me over the last 11 years is not just a hope and dream and aspiration to do something better for patients, but to actually achieve that. I want to just tell you two stories that I think can help you understand why I love biotechnology and I love innovation and love drug discovery and development.

The first story is about Rituxan. Rituxan is a drug that was approved in 1997. It was the first drug called a monoclonal antibody. It is a biotechnology drug that was approved for use in the United States for cancer.

It was the first of its kind. Nothing like that had ever been done before. It was approved in 1997 for lymphoma—non-Hodgkin's lymphoma. Twenty years had gone by before Rituxan, before there was a new remedy for non-Hodgkin's

lymphoma. It was the first thing for patients who are waiting. In fact, non-Hodgkin's lymphoma was such an unmet need, that a common way of treating patients was something called watch and wait. You would see patients. I had one of my favorite patients, a pharmacist in my practice, who I used the watch and wait on. I knew the therapies were so toxic and my opportunity to help him was so limited that he would come in and I would check on how swollen his lymph nodes were and how weak he felt and how anemic he was, and it didn't seem so bad. It certainly didn't seem bad enough to expose him to the toxic therapies that were at my disposal.

What Rituxan meant in 1997, discovered by Idec Pharmaceuticals, now Biogen Idec, and then developed and commercialized together with Biogen Idec and Genentech, what that meant was that patients, who had literally been waiting with their doctors for something better, had a new therapy that didn't make their hair fall out, that didn't cause nausea and vomiting—an entirely new way to treat patients with cancer and with lymphoma.

The story gets even better. One of the things that is truly remarkable to me as a former practicing oncologist is that today we're studying Rituxan to be used as maintenance therapy.

Now, for any of you who have known people who are going through cancer therapy, think about maintenance therapy. Tell the patient, "Come in every six months and we'll give you a dose of this therapy and keep you in remission." What a great concept—the therapy is not too harsh to be taken every six months and keep the tumor in check; a chronic disease like diabetes, like hypertension—what a wonderful thing if we could do that. Biotechnology, molecular biology and the science, enabled us to say, "Why not? Why can't we do that for cancer patients? We should do that." And what that means for cancer patients and their hopes and dreams and aspirations is a big deal. So, that's what Herb and his partner created, the ability to do that.

The second story is about Herceptin. As one of five girls in a family who has a sister and a mom who had breast cancer, both alive and well, breast cancer matters a lot to me. I had had the experience before coming to Genentech of taking care of many, many breast cancer patients in my practice. And we had started to do a test to look for patients who had the most scary form of breast cancer—HER2 positive breast cancer, which was very worrisome. At that time, I could only give the patient the information, which wasn't that helpful.

Genentech scientists, working with many collaborators in academia, again used the science of biotechnology to create a custom-made biotech drug now called Herceptin that was specifically designed to turn this advantage that the cancer cells had onto its Achilles heel. What a great thing—target that very competitive advantage that the cancer has.

Now after a very long development timeline, 20 years from the concept to getting to approval, this drug is now used for patients with breast cancer that's HER2 positive; Herceptin is an example of two things that I am extremely positive about for the future of biotechnology: 1) targeted therapy, honing in

on something that's specific to the cancer cell so we can out-smart it, turn its advantage into a disadvantage, and what people call personalized medicine. Only women who have this special kind of breast cancer and have a diagnostic test get Herceptin, and 2) Just as importantly, the women who don't have this marker, don't have Herceptin, don't experience side effects, don't pay for it; and their providers don't waste their precious, valuable time on the wrong drug. So, 3) getting the right drug to the right patient at the right time is why I'm really proud to have been a part of the team that brought Herceptin first to the market in 1998 and is now asking for approval in the earliest form of breast cancer, where we hope to double the time that a woman is cancer free and double her chances of never having the breast cancer back, we hope.

These two examples, Rituxan, which might be used chronically for cancer, and Herceptin, a special custom-made drug for women with a particular form of breast cancer, are the reasons that I think biotechnology and medical science and molecular biology have so much promise and so much hope for patients.

I'd like to talk a little bit about leadership. I could talk about science for hours. I could tell you stories of products and science and patients happily. But now, I'll tell a few stories that I hope will help you understand what my experience has been in my career, and maybe give a few pearls that I hope you can go home with and use.

Before I do, though, I just want to stress the need for leadership in health care. It's a tough time right now. We're all worried as baby boomers and Americans about the cost of health care, about its availability for patients, about a lot of things that are confronting our industry in health care and criticisms we're experiencing right now.

Our ability to focus on patients' unmet needs, human suffering, is the single most important way, I believe, for us to get past this difficult time. We only are here because of patients. And, the more we focus on patients, the more all of our energy and attention and rigor and integrity should be focused on what's really going to help those patients who are waiting for us to do better things for them. If you don't remember anything else about my talk, think a little bit about that and what we need to do as an industry to make sure we focus on patients and have people understand that that's our job and our duty.

So, I wanted to talk a little bit about four different aspects of leadership and tell some stories that I experienced in my own career to help make these come alive for you.

My career was completely not plan-full. So, my first pearl for leadership is flexibility. When there is an obstacle, go around it. Turn left. Turn right. I went to the University of California at Berkeley and got a masters degree in public health and learned epidemiology and biostatistics, probably the year I spent wherein I learned the most of what I apply every day when I think about clinical trials. Well, that was an accident.

When I was a second-year oncology fellow, I had a big dream to work with a famous cancer epidemiologist, Dr.

Palmer Beasley. Dr. Beasley had first made the connection between hepatocellular carcinoma and hepatitis B in China. And he had just come to the University of California, San Francisco and was going to be my mentor for year two of my fellowship, and I thought this was great—cancer epidemiology, global medicine. It had all of the attributes of something I wanted to spend time doing, and a famous cancer epidemiologist to lead me.

Well, I don't really know the politics, but he came and went within six months. I was a first year oncology fellow. All of this was lined up. I thought, oh, no; here comes year two and I have nothing planned. I thought, well, I have to do something.

“...Passion, drive and ambition about doing better things for patients is what I value most...”

They might kick me out of the program. Who knows what will happen if I don't have something for my year two. So, I thought, I'll learn something. I like epidemiology. I wanted to spend time on cancer epidemiology. I like statistics. I'll go to UC Berkeley, and I'll get a degree—completely an accident.

That was a great year. I learned a lot. I made a lot of contacts. I had a wonderful mentor, Mary-Claire King, who is a cancer epidemiologist, worked on the breast cancer genetic work—completely an accident. My ability to be flexible and say, “Okay, plan B; and if plan B doesn't work out, plan C”—it made a big, big difference in my career. One of the things that I was told when I first went to Uganda by my brother-in-law, who has been a big traveler, was, “Think of yourself as a cork on the river. You'll get stuck sometimes, but just keep going.” It's a good flexibility pearl. Just keep going. Keep learning. Keep making sure something good happens, even if it wasn't your original plan.

My second pearl for you to consider is believe in your values and don't underestimate yourself, and I say that particularly for women in health care and women in business. It's amazing how often women—me, us—underestimate what we're capable of.

When UCSF came to my husband, Nick Hellmann, and I and asked us to go to Uganda to work on a project funded by the Rockefeller Foundation to study heterosexual transmission of HIV, we wrote out a grand project plan. After landing we discovered no running water, no electricity, and showers in a bucket. The project plan seemed thrown out the door, and we had to figure out how we would stay healthy—job one—how we would operate, how we would get to the Uganda Cancer Institute where we worked. It was a clean slate. We had no infrastructure, no human beings.

And when we left two years later, we had a working sexually transmitted disease clinic. We had a great program for the Kaposi's sarcoma patients and some very nice epidemiology work. We had an office that looked like Fort Knox with a computer; and we were doing our own SAS programming,

which we are very proud of, and a functional immunology lab that's still used in Uganda today.

More important than that, we had a cadre of trained Ugandan physicians who are still doing the important work of teaching, patient care, and clinical research that we had started. Who knew that two wet-behind-the-ears kids from the University of California could get that done? So, rolling up our sleeves, getting to work, I had no idea that was in both of us. Really important—never underestimate yourself.

The third pearl is about being a risk taker.

I was at Bristol Myers Squibb, happy as a clam. My husband was working at Bristol Myers Squibb. He was working on their new HIV drugs. I was working on Taxol. I was the project team leader. We were the heroes of the company. Life was good. Winters were a little harsh in Connecticut. That was tough. But we were thriving at Bristol Myers Squibb, and really early on in our careers. We had been there two years when Genentech called and said, “Do you want to come and work on thrombopoietin? Do you want to come to our biotech company?” Remember this was 1995. So, we went out. I interviewed, met some of the people there, and I thought, “Wow, they're really science-oriented here. This is a really interesting place. We like San Francisco. My family's out west. You know, it seems like a good idea.” Nick didn't have a job, but he said he would get one, and that would be our backup strategy if the company went under.

We literally had a discussion. I remember looking for our house and thinking, “What's our backup plan? How will we pay the mortgage?,” because biotech seemed so risky and so much less certain than Bristol Myers Squibb – which was the number one oncology company in America. It was a huge risk to go to Genentech. And in retrospect, I naively went to Genentech, and was demoted one level below what I had been at Bristol Myers. I didn't know what a clinical scientist was, so I wasn't sure of the title.

But the thing that I think is really important about that is don't be worried about taking a risk. The best things that have ever, ever happened to me have been at the time when if it didn't go right I would be a huge goat.

I think about the risks I've taken, when we went forward with Herceptin, when we went forward with Avastin, the decisions we make every day. The bigger the risk, the bigger the opportunity to look like “What were you thinking?,” the better it is and the sweeter it is and the more it matters when it actually works out. That for me is one of the things that I love most about the experience I have had at Genentech. It's been a series of things that have worked out, a series of things where it was a big risk for the company and for me personally.

They don't all work. One example is a drug that was called nerve growth factor. We wanted to make something new for diabetic neuropathy. It would have been wonderful had it worked. When it failed, there were people saying, “What were they thinking? What were they thinking? What did they have in mind?” What we were thinking was we wanted to be the first ones to do that ever, to help that terrible condition.

You don't get to be the first ones to do anything ever without taking a risk, without innovating, striving, and trying hard to make a difference. So, take risks. Don't be worried. Make them thoughtful risks, but be willing to look like a goat.

My fourth pearl is to be relentless. Female compassion, caring, the kind of nurturing thing that people talk about that women bring. People used to describe women with words like caring and compassion. There's something about myself that I value that has nothing to do with any of those sweet words. People from Genentech know what I'm talking about.

I want to get drugs approved. I want to make a difference for patients. So, even if your first trial fails like it did with Avastin, even if everyone's wondering what you're doing, put your head down, think about the finish line, and relentlessly pursue what's going to be good for patients. So, the passion and the drive and the ambition about doing better things for patients is what I value most about what the leadership opportunities I've had at Genentech have meant for me. I can turn all that energy into something that can turn out great for patients. I can turn all that relentlessness and drive and being a pain into something that makes things happen. And that for me is a real pearl of leadership. It's okay if at the moment people don't like you much. It's okay if you're not smiling because what you're doing is you're making something happen with a relentless pursuit of something that's going to make a difference for patients.

I just think that the most important thing that's happened to me in the last ten years is to learn how to tap into that in a positive way and to value that, to say that it's okay to be relentless. In fact, it's good if it's into the pursuit of the mission of making better things for patients.

So, two big picture thoughts about leadership that are a big part of my job at Genentech today—the first thing is something that I think about every day now. How can I bring out the best in others? What will be my legacy when I'm not at Genentech anymore?

Genentech is as good as its employees. So, I hope that my legacy at Genentech is not just the products that I'll always be proud of, but, more importantly, the employees, some of whom I'll have mentored, managed, hopefully inspired, who will make even better products for patients in the future, bring out the best in the people who report to you, people who work with you, your boss. Bring out the best in other people. I want to be around people who are fun. Be one of those people. Be one of those people about whom other people say, "I want to know what he or she thinks. I want to be that kind of person. I want to be that kind of leader for my colleagues and my reports."

And the second thing, and I think it's the most important thing that I have learned that's been a nice surprise, be yourself. I didn't get a brain transplant to become President at Genentech. I didn't go and get an MBA. I tried to tap into what I knew how to do and use all of the things that I could bring to the table, and to figure out who knew how to do other things that I didn't know how to do.

The most reassuring thing to me as a leader is to know I don't have to be perfect. I don't have to be this sort of person on a pedestal to really make a difference. So, being yourself for me is reassuring. It's reassuring to say I'll be the best I can be, given the talents I have and given the capabilities I have. And thinking about that I think is a really important thing for all of us in the environment we're working in.

So, as all of you know who are in R&D like me, it's "What have you done for me lately?" So, I always feel that way, like, "Uh oh, what's next?" So, I want to end my comments by sharing with you one of my favorite quotes, and it's a quote that I don't quite know why it really sticks with me, but it's a quote from Thomas Edison. But I find this really very inspiring, and I hope you do too. What Thomas Edison said is, "If we all did the things we are really capable of doing, we would literally astound ourselves."

We have a lot more work to do for patients. And the energy in this room, the rising stars, the leadership on this podium—you guys are awesome. So, I would just encourage all of us to do what we're really capable of doing and astound ourselves.

Thank you very much.

The Healthcare Businesswomen's Association (HBA) is a global not-for-profit organization dedicated to furthering the advancement of women's careers in the healthcare industry. Headquartered in New Jersey with chapters and affiliates throughout the U.S. and in Europe, the HBA provides educational opportunities to develop cutting-edge industry knowledge and leadership skills; recognizes outstanding women in the industry; provides opportunities for networking; creates greater visibility for women in the industry; fosters mentoring relationships; and serves as a conduit for research on career advancement issues.

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