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Julie Enevold Brooker discusses what she sees as Janssen's responsibility to help improve the Danish healthcare system beyond just bringing innovative medicines to patients, gives her thoughts on the new Danish National Life Science Strategy, and outlines how Danish patients could have even better access to innovation.

Could you begin by introducing our international audience to your background and current priorities as country director for Janssen Denmark?

I have been in pharma my whole career. Prior to joining Janssen 18 months ago, I spent 15 years with AstraZeneca in a variety of commercial roles, both locally in Denmark, but also with responsibilities in the Nordics and Baltics, as well as in regional/global project roles.

My current role at Janssen allows me to bring innovative medicines to Danish patients, something I am immensely passionate about, and which firmly fits with my own personal values. Additionally, as a representative of a big global company and together with other stakeholders I am taking responsibility for improving healthcare in Denmark more broadly. Bringing innovative medicines to patients is part of creating better healthcare, but there are also other areas that need to be addressed collectively. One such area is securing the best framework conditions for patient access, ensuring that investment in Denmark remains attractive for global life science companies like

Janssen, e.g. in terms of foreign investments in research and clinical trials.

Just 21 days into taking on an exciting new role at Janssen, the COVID-19 pandemic hit. How have you managed to keep working towards these lofty long-term targets while negotiating the severe short-term challenges that the pandemic brought about?

First and foremost, we needed to adjust as human beings. I have three kids, a husband, an au pair, and a dog, so we needed to do something as practical as reorganising our house to find the space to work! This adjustment extended to my colleagues, all of whom have different home lives, and all of whom we had to make sure were comfortable in this new setting.

Following that, we began thinking about how we could continue to collaborate and take the first steps towards creating a new company culture in what was still a new country organisation – in a 100 percent virtual setting. Big questions included how to hold social events, maintain contact, and display leadership virtually, and ensure that our employees felt included and present from behind a screen. I feel that we have managed to establish a good collaboration and close leadership over this period and that there are many learnings which we can take on moving forward.

With this internal piece secured, we then had the energy to looked outside to identify the challenges of the pandemic situation, but also the opportunities. For example, as an industry, we have talked about digitalisation for many years but have not succeeded in fully implementing digital tools. However, during the pandemic there was no other option other than to educate ourselves on this. We had to listen to our customer universe and ask how we could support them and give them the education they needed to take care of their patients.

Today, even though the past 18 months have been undeniably tough, based on all that insight and our internal capability upscaling, we now have a bigger and better toolbox to serve our customers who can then hopefully also better serve patients.

How has the business performed over this challenging period with patients visiting their doctors far less frequently, fewer diagnoses, and non-essential surgeries being deferred?

Our financial indicators show that Janssen Denmark is in a good place post-COVID on a business level. We now have even more interactions with our customers than before the pandemic, thanks

to the development of digital engagement tools. Additionally, our product portfolio has supported physicians during this period. For example, keeping sick patients out of the hospital, where the risks of contracting COVID are higher, has become very important and many of our treatments allow patients to remain in their homes for longer. Moreover, many of our products – in areas like oncology for example – still needed to be administered and therefore we did not see a drop in numbers there.

Globally, Janssen has a very broad portfolio across haemato-oncology, neuroscience, immunology, pulmonary hypertension, cardiovascular diseases, infectious diseases, and vaccines. What are your key areas of focus today and in which areas are you most looking forward to bringing new treatments online?

Overall, no matter where you work in Janssen in the world, we all have the same portfolio which we have developed and are committed to bringing to patients. These can be both large and small patient populations, in accordance with the J&J Credo where every patient counts. From that perspective, I feel supported in ensuring that the full Janssen portfolio is available to the Danish patients that need it.

Of course, access systems and data vary by country and certain products need a stepwise approach in certain geographies. Over the next four years, I expect haematology to be a key focus area and one in which our product portfolio is well regarded by physicians. We are also developing a promising portfolio in solid tumours (prostate cancer), have a good footprint in immunology (gastroenterology and dermatology), and are looking towards neuroscience, where the company has developed some new innovations. There is a clear need to increase the treatment options available to psychiatric patients in Denmark.

The recent FDA approval for an Alzheimer's drug, the first in 15 years, seems to have revitalised the neuroscience field; what is your strategy for bringing therapies to market in a difficult to treat area where the illness itself is often misunderstood?

Thankfully in Denmark the views of treating physicians on what treatment should be used is taken into consideration in reimbursement negotiations. Especially in psychiatry and neuroscience, where new treatments are coming online, we are committed to engaging in dialogue with clinicians about how they can be used and answer any queries they may have.

We believe that the earlier we can give our physicians experience with new treatments, the more they will benefit. This helps address their questions and concerns as well as hopefully demonstrating the efficacy of these new innovations for patients. Situating more clinical trials for these treatments in Denmark is a key part of this equation.

After this, we need to engage in a good dialogue with stakeholders like Amgros and the Medicines Council to figure out how these innovations can be made accessible to Danish patients.

How would you characterise the market access scenario in Denmark for innovative treatments? Other interviewees have been keen to play up the positive relationship between public and private sector actors and the high level of appreciation for innovation…

Fundamentally, all stakeholders here share the same vision of creating a world-class healthcare system for the benefit of our patients. The creation of the Danish Life Science Cluster and other organisations shows a cognizance on the part of the Danish government of the need to bring different stakeholders together to secure this. One of the key elements of creating a world-class healthcare system is fast access to innovative medicine.

However, the situation today is not perfect, despite the best of intentions. Over the last four or five years, looking at EFPIA comparisons, Denmark is no longer leading to the same extent it was before on fast access to patient populations. There are some scratches on the surface. Without being too pessimistic, we need to watch out; other countries that used to grant access to new medicines after Denmark are suddenly ahead of us. All stakeholders want to maintain our leading position on access, which will perhaps require even closer collaboration with the Medicines Council and Amgros, making sure that we understand each other and have full clarity.

We have seen examples where data from study setups endorsed by the European Medicines Agency (EMA) was not considered sufficient in Denmark. As a small country, is that how we want to operate?

Moreover, there is the potential to take a more holistic approach in assessing new innovation. For some older treatments, comparing price alone does not tell the full story of all the indirect costs from the treatment. I believe there are plentiful opportunities to address these challenges together and get back on the right track.

These pricing and access questions are further amplified when we talk about personalised treatments like the cell and gene therapies that Janssen is looking to bring online in the coming years. What kind of groundwork are you engaging in to prepare to bring these treatments to Denmark?

We have already taken some positive steps in collaboration with Amgros, the Danish Medicines Council, and our industry association Lif. Lif is a key player here, because these conversations need to be lifted to a more general level. Janssen is working hard to shape the environment and we hope to see more innovative agreements in the future. This will help address some of the uncertainties that payers might have as many cell and gene therapies come with Phase II but not Phase III data. At first look, they are more expensive, meaning that there is a need to create payment models and share the risk. We need to demonstrate that we believe in our products by carrying some of the risk.

There have already been some examples of these innovative agreements in Denmark with products from other firms, where certain milestones were agreed in the patient journey that trigger payments to the company. We see a positive sentiment, which now needs to be backed up with the correct data foundation; these agreements will be meaningless without the right follow-up data and access to them.

Denmark stands out for its cradle to grave holistic population data; to what extent is this something that Janssen is using and leveraging in Denmark?

We have started to use it a lot more, especially in terms of utilising real-world evidence (RWE) in our reimbursement applications. Janssen is also now collaborating with DataFair, a Danish health data analytics company that is behind the OSCAR project which aims to develop a secure, virtual platform for the analysis of encrypted and anonymised data from various Danish health data. This is a public-private partnership that will help us identify how to access the data we need for some of these agreements. Our new products in psychiatry and cell therapy are an obvious starting point to think about utilising this.

Denmark is one of the world’s leading countries for clinical trials per capita, but what is Janssen’s clinical trial footprint in the country?

Denmark became one of Janssen's core countries for clinical studies in 2019, which also meant hiring a significant number of staff focused solely on clinical trials. We have close to 50 ongoing projects, both randomised clinical trials and in RWE.

The new Danish National Life Science Strategy seems to be a hugely positive development for innovation-based multinationals like Janssen, promising accelerated access timelines, the creation of a National Life Science Council, R&D tax breaks, and virtual clinical trial initiatives. What are your thoughts on where this top-down governmental strategy is taking Denmark?

Firstly, I would challenge the conceit that this strategy is 'top-down,' most of us who live and work in Denmark do not see it as such! The government here listens to key stakeholders and associations, including Lif, Danish Industry and the Danish Chamber of Commerce, when creating these strategies and ensuring that they address relevant issues.

Where I am still not 100 percent satisfied is the question of patient access to new innovations. For international companies like Janssen, this remains challenging. Also, if we conduct clinical trials on certain products in Denmark, we then owe it to the physicians and the patients who use these products in the trials to be able to be treated with them afterwards. There needs to be a continued focus on access and making sure we have the best framework conditions for innovative medicines which address unmet medical needs. This is something that could perhaps have been addressed in even stronger terms within the Strategy.

As we transition out of the pandemic period and you can refocus on Janssen Denmark's longer-term goals of bringing innovation to patients and improving healthcare, now with an improved digital communication footprint, what would you like to achieve over the next two to three years?

First and foremost, I feel a huge responsibility to give something back to my fantastic colleagues, who have managed the very challenging COVID situation brilliantly. They have never wallowed in victimhood but instead stood up strong and continued to deliver the services that our customers need to best serve patients. I feel that we can learn from this period and create a better work-life balance for our staff, which will lead to long-term success.

We also want to take the positives and learnings from COVID, making the most of the digital transformation and acceleration that has occurred and integrating it into how we work internally and with our customers. I would be disappointed if we slipped back into old habits.

Thirdly, Janssen has a fantastic portfolio and a commitment to addressing the barriers to access within our healthcare system. We are taking on the responsibility for larger healthcare issues and ensuring that Denmark remains a leading country that takes good care of its patients.

How do you promote diversity as a leader and how does this translate into your talent development strategy?

Firstly, there are more women than men in my leadership team. Additionally, I try to lead by example. We conducted a survey last year which showed that young female staff were more insecure about their roles and careers. Therefore, I personally dedicate time to supporting women in the organisation more broadly, encouraging them to embrace new challenges. At a virtual internal forum, we held some months ago, I shared my own feelings of imposter syndrome, despite my experience and successes in multiple roles.

Outside of Janssen, I’m currently serving as the only female in the Board of the Danish industry association and would love to see more women in the board room and am proactively looking for ways to collaborate with my peers in pharma on how we can close the gender gap.

Additionally, diversity as a topic goes beyond gender alone. The tricky part is not to hire for diversity, but to get it to work in teams. As an industry we are, unfortunately, still very alike, so there is huge scope to do better in getting new competencies and profiles on board, which will contribute to future success.

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