



DR. MICHELLE LONGMIRE: INVENTION, SCIENCE, AND CREATIVITY

VIDEO TRANSCRIPT

FRANCES BRUCE: Hi, Michelle. Thanks again for joining us today, really appreciate you joining. And kind of, firstly, I wanted to congratulate you on really your recognition as a leading innovator and businesswoman in the healthcare industry. Being one of the Top 100 Most Creative People in the Business by Fast Company is really impressive, really a massive achievement. Are you able to pinpoint one moment in time when you really realized you wanted to be a physician scientist?

MICHELLE LONGMIRE: Oh, fascinating. I guess I've always thought of myself as an inventor. So when I went into medicine, it was with the goal of inventing through the lens of understanding medicine and science. So I think probably, I wasn't someone who was born to be a physician, but as I always was, I think, born to invent and create, like that's what I really am most driven by, but love medicine because of the opportunity to care for people and really understand the human experience. And bringing invention into that has really been what's driven me to become a physician scientist.

But I can't say there was one moment in time, but I remember when I was young learning about Madame Curie (audio cut out)

FRANCES BRUCE: Absolutely. So it sounds like you've really been involved with healthcare and it's been kind of a passion for you from the patient experience perspective for a while. When did you kind of decide that you were going to create Medable and what really made you want to help clinicians and patients navigate their way through clinical trials more specifically?

MICHELLE LONGMIRE: Sure, so when I was at Stanford and I was in my residency and training in dermatology, I was in a specific kind of path in my residency, which was for physician scientist. So I was training in dermatology and then, in my final year, I was just seeing patients a half a day a week and working in the lab doing research the other amount of the time. And it was really then that I saw first hand the opportunity for technology to drive research forward, as I was leading up research and rare disease and taking care of patients who had a very rare disease called systemic sclerosis. And also, conducting research on with these patients specifically looking at identical twins.

So I was recruiting for research, a very rare population of patients and even more rare in the fact they were identical twins. And so, it was really then that I thought, we need new technology that enable research anytime anywhere, enable us to connect with patients worldwide. I was calling everyone I knew to ask them, hey, do you happen to have patients who have systemic sclerosis, who are also identical twins? And that's a pretty laborious process. And being in Silicon Valley, being at Stanford, I remember it was a time when there were apps like Yo. And I did yoga next to the place where Waze was - the office for Waze and you just are in a place where you start to see new opportunities for driving change through the startup and entrepreneurship path. And I thought this would be a real drive forward the needs in technology that research really has.



And so, through my residency program at Stanford, started getting involved in entrepreneurship with the mission of building Medable to transform research. And went to hack-a-thons, went to venture pitches, pitched everybody on San Hill Road and really went from this is something that we should do as an idea to something where we were really on the path to doing it as a startup and through entrepreneurship.

FRANCES BRUCE: Wow, such a powerful mission for sure and such a great place to be exploring that space. And then, when thinking about diversity and inclusion trials (audio cut out) women, communities of color, perhaps participants in poor rural areas, maybe gender binary communities, how do you feel Medable is complementing patient recruitment efforts with education to really build participant trust in clinical trials in these areas?

MICHELLE LONGMIRE: Sure. I mean people sometimes think that the majority of clinical trial participants are doing this because they want to volunteer and make change. And that's a part of it, but the majority of people in clinical trials are seeking new therapeutic options for themselves. And that's because they're frustrated or disappointed by where their current therapy is getting them to in terms of the health they're seeking. So to me, access to new therapies through clinical trials is no different than access to healthcare broadly, is something that is super important for everybody to have equal access to.

Clinical trials have historically suffered from very low diversity. And this means two things. It means that people don't have enough access to these new therapies as an important option for them in seeking better health. And then, the second is that our understanding of the safety and efficacy of those medications is limited by the diversity of the participant pool.

So I think that digital technologies and just an overall stop at nothing mentality around creating inclusivity in clinical research and clinical care broadly is something that Medable has in its DNA. Have we solved it? I don't think so. But are we mission driven to do it? Absolutely.

And when you look at the actual kind of representation of diversity in our clinical trials, they do – we are breaking down some of the historic barriers. There's better, more equality in the gender representation and the overall diversity representation. And I think you raise a great point from just when you're thinking about this from all angles.

And in general, it's something that we're engaging patients who represent these diverse populations in getting their first-hand perspective on what are the barriers around knowledge and then, what are the questions and what are the fears, so that we can address those upfront through our digital solutions and through our brand and in terms of also how we just engage patients.

So we don't have all of the answers, but we're really dedicated to making this a big part of our impact. And I'd say, the thing I point to really are two things. One is our Patient Advisory Council, who is a very diverse group, who provides a first-hand – who are really the beacons and guides for how we can tackle this.

And then, two, our data that does show we're breaking down some of those diversity barriers. But we, as an industry, have a long way to go and Medable really wants to drive this to full equality in terms of access and representation.

FRANCES BRUCE: Absolutely. I think that's really, really exciting and important from an equal access perspective. So what approaches has Medable found to be successful in really balancing safety and also, broadening representation of patients with diverse clinical backgrounds, for example, pregnant women?

MICHELLE LONGMIRE: Yeah, I mean the most important thing is patient safety. So we want to provide new opportunities for therapies, but we always want to do that in the context of patient safety first. And so, one of the really powerful things about digital and real time connectivity and kind of research anytime anywhere, is that we have real time data from patients who are participating in clinical trials. And we can analyze that with clinicians, as well as with algorithms to ensure that that data is being evaluated on a continuous basis.



So I think that digital and decentralized clinical trials offer a big step forward in safety. With that said, it's always – you have to make that commitment and have many different aspects of that strategy in place to make sure you're really upholding that commitment.

So one of the things our company just recently did is we're first doing our ISO certification for software as a medical device. And this is a very rigorous quality program that's in place across our people, our processes and our product to ensure that we're able to really automate the interpretation of some of the patient data to a degree of which we can guarantee patient safety.

So there's a number of strategies one needs to take in terms of patient safety, but I think the most exciting thing is that digital can connect us with patients. We can capture that data in real time and it can be evaluated to identify safety signals immediately and offering patients, I think, actually greater safety as we advance digital in clinical trials in general.

FRANCES BRUCE: Absolutely. And it feels like there's tons of value that I think you and your team have kind of accepted. Do you feel from like a maturity perspective that other biopharma and industry players are mature enough to kind of take on digital applications and are excited about this seismic shift?

MICHELLE LONGMIRE: I think I always think about that what COVID, the silver lining of COVID-19, and one of the big things is that necessity is kind of not only the mother of invention, but the mother of adoption and because the clinical sites were shut down and because we have limited access in person, we've seen this massive kind of adoption and interest – more than interest, truly adoption of digital in decentralized clinical trials. And that's given us the opportunity to show the benefit, show the impact and for people to get really comfortable with these different approaches.

So I think if you'd asked me this a year ago, I would say really, we're still in an edge case scenario. But with COVID-19, digital and decentralized has really become a main case in our partners across

biopharma are absolutely leveraging these technologies today and are planning in a post-COVID world for these to be central to their strategies, largely because of the benefit to historic problems in clinical trials like access for patients across general access, as well as diversity, as well as the quality of the data and the real time nature of the data being an additional benefit.

FRANCES BRUCE: Absolutely. I think you make a good point. COVID, as hard as the pandemic's been, it's definitely accelerated that adoption of digital across the industry. So I think you make a great point.

And as a company, how do you feel you've addressed the digital divide that has really pervaded healthcare, both in telemedicine and DCTs?

MICHELLE LONGMIRE: Yeah, so again, I think prior to COVID, digital was always trying to make its way in and say, here's why it matters and here's why it's important, but there's just nothing like true transformation and first-hand experience to say, oh, no, this is actually my preference. So I think really we had been evangelists in really proving out the benefit, but now that there's actually a shift in preference for patients and doctors, sponsors and CROs, that just really takes something that I think was a divide to something that is really a true transformation across all stakeholders.

So I guess it's a matter of providing – being ready for the window of opportunity for that divide to close and then, being a partner to those stakeholders when that divide really does close and I think we're at that point.

FRANCES BRUCE: And do you have a focus on a specific therapeutic area from a study perspective or are you kind of interested kind of across the gamut there?

MICHELLE LONGMIRE: You know, we really work across specific areas, our company and where we are developing kind of deep strategic focus is in oncology, also in dermatology, cardiology and pulmonology and that's because our partners, as well as rare disease and that's really because our



partners have – we’ve worked hand-in-hand with them on what digital means in these therapeutic areas and the therapeutic area focus is important to driving innovation because each type of – each specialty of medicine operates differently and the patients with those conditions have a unique perspective by virtue of that condition. So I think the therapeutic area of focus is important and we do have several therapeutic areas where we want to provide an end-to-end digital solution that really serves patients with that specific condition.

FRANCES BRUCE: Absolutely. That makes a lot of sense. And do you feel that there have been any specific challenges that you could pinpoint or potentially any advantages that you may have experienced as a woman in comparison to potential male colleagues, especially the CEO and maybe that’s within the industry or outside of the industry, but it’d be interesting from a physician perspective and then also the CEO? Have you seen any specific challenges or advantages that may be helpful for us to hear?

MICHELLE LONGMIRE: You know, I think the data is interesting and pretty revealing when you look at the number – the percent of founders who are women who successfully raise venture capital. And I think that reflects a certain bias that is certainly a headwind for women and for really for founders of any type that don’t meet the profile that people have seen before. And I think that women are in that category and that’s some things certainly where I had to beat down the doors. But with that said, being a founder of a company is never easy and you just stay on the path and you continue to really fight for what you believe in.

And I think that fundamentally, what I saw in medicine is when I was young, there was this joke and it was a about a surgeon who was in a car accident and it was something like, surgeon of car accident and they take the child to a hospital and the surgeon says – or there’s two people in a car accident, take the child to the hospital. The surgeon says, I can’t operate on this child ‘cause it’s my son. And the joke – it’s like who is the surgeon. And the joke was that the surgeon was the mother.

At this point, women are 50% or more of the workforce in medicine and I think what’s important about that is that how quickly the world can change when you see someone you relate to in the job that you want to have. So I guess, the takeaway is that I want to be a part of a change in something that’s the new norm where women see women CEOs and it’s something that they absolutely relate to and see as a possibility for them. And I think that that’s how change is really made. It’s when you see someone doing something, you can relate to that person and you think I can do that too.

So I’ve seen that transformation first-hand in medicine from the time I was young to now, being a part of that workforce and I think that I want to be a part of driving that similar change in the world of being a CEO, so that women and people of all walks of life can look at this opportunity of building a company, which is by far, one of the most challenging, but rewarding things you could do and to feel and know that opportunity is open to them.

FRANCES BRUCE: So just interested in that same vein, is that one of the reasons that you joined Springboard and kind of this network of female intrapreneurs? What benefit has that provided as well?

MICHELLE LONGMIRE: Yeah, super interesting. Like I guess I want to be known for being awesome at what I do and being selected for what I do because of my merits and like everything that I am and not any one aspect of that. So I think like what attracted me to Springboard is it really is – it’s a network of women who are really helping women overcome barriers in building businesses. And it’s just an incredible professional network of support. And I think I joined it because it’s authentic and it’s real and Amy and Kay understand how hard it is to build a business and really help you overcome the key barriers of building a business. I think the network of women is an important part of it, but I think it’s really about just how challenging it is to build a business and Kay and Amy’s first-hand knowledge, support and drive to helping women be transformational business leaders.



FRANCES BRUCE: Absolutely. I think that's why we're so excited about the partnership with Springboard and working with folks like yourself because it's exploring that network and really driving intrapreneurship and innovation across every industry, right?

MICHELLE LONGMIRE: Yeah, and it's amazing. They do this because they believe in the change that they're making. You look at Y Combinator or other accelerators who have an equity stake or some relationship/ownership stake. That's not how Springboard is. That's not how they do it. They do it because they believe in the women that they're backing and they do it in a really authentic and sincere way that I just totally think is different in a lot of how other people approach this.

FRANCES BRUCE: Absolutely. You're definitely a success story for them. So, again, congratulations on the recent –

MICHELLE LONGMIRE: I love them. They're really amazing.

FRANCES BRUCE: Yeah, so thank you so much, Michelle, really appreciate you joining us.

MICHELLE LONGMIRE: Thank you guys so much. That was so fun and I'm so glad to have discovered a new podcast and have met more awesome people.