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In this episode, Taren Grom, Editor-in-Chief of PharmaVOICE Magazine meets with Allison London Brown, CEO of UVision360, Inc.

Taren: Allison, welcome to our WoW podcast program.

Allison: Thanks so much, Taren. It's great to be here, and I look forward to our conversation today.

Taren: Me too. I'm really fascinated about your healthcare journey. You have more than 20 years of experience and have launched more than 90 products and services, served as an advisor to CEOs, corporate boards, NGOs, nonprofits and government organizations. You've been busy. So take me briefly through your career which has led to your current role as CEO of UVision360.

Allison: Well, I think if you looked at my career, you would say, man, she gets bored easily, I suppose. I don't know. I started kind of way back. I was intending to become either an art major or a music major. And my senior year in high school, I got the science bugs so really took me in a whole different direction. Thought I was going to be a researcher, actually started in research. I spent 10 years at Johnson & Johnson, which was a great, great experience. And I still kind of feel like I'm part of that old school J&J time. And I was very fortunate to have advisors and mentors and coaches at that time, who said, you know, Allison, if you really want to run a business, or if you want to do these things, you've got to move out of R&D and move on to as we call it, the dark side, commercial, sales and marketing and all that.

So J&J sent me back to school, I got my MBA and moved from being a researcher and developing products into figuring out what products people wanted and how to market them. I feel very fortunate that I had that opportunity and kind of never looked back. So 10 years at J&J, and I went to GE Healthcare from there, which is when I really started working in startups. A couple guys I went to high school with contacted me and said, "Hey, we got this great idea, can you help us figure out how to raise money and sell it to somebody?" And it was my first startup and also my first big failure, we just couldn't raise money. And of course, we didn't know what we were doing. We were trying to all work full time and work at corporate America and still run this little company.

And since then, I've gone back and forth between corporate and startups. UVision, when I joined UVision in 2016, it was actually my eighth startup to be a part of, either as a board member or founder or kind of member of the team. I've had a lot of interesting experiences.

And I think more than anything, I've really kept my network up, which has allowed me to be able to bounce back and forth and land kind of where we are today.

Taren: Eight startups, you have the entrepreneurial bug, what is it about the startup environment that excites you so much?

Allison: Yeah, I think for most people who know me would say, I can be tactful, I can kiss the babies and shake hands and all those kinds of things, but I would prefer to just say it like it is. And I think sometimes in corporate America, it's very difficult to get things done. Everything is so slow. It's done by consensus building and influencing and all of those things that are really important, but in the startup land, my team and I can make decisions in like, literally 10 seconds or a one conversation and make a decision and just go. So it's very freeing, I think is the big thing for us is that you're taking a risk on yourself. So you got to feel very comfortable with that, but you're free to really do what you need to do, do what you know you need to do. And that's an amazing opportunity.

Taren: Agreed. I think that freeing yourself up, that's a great way to look at that. I ask this of entrepreneurs all the time, do you think that's part of your DNA, or can you learn to be an entrepreneur?

Allison: Taren, it's a great question because I've thought about this. Interestingly enough, I was raised by my grandparents, and my grandfather was a naval engineer, had a master's degree in engineering with kind of a bigwig in an engineering center for rocket testing in our town, but then, after he retired, he ran three different company or started three different companies. And I never really thought about that as an entrepreneur, like, I didn't think about him being an entrepreneur, but that's what he was doing.

And so I think part of it is what I saw, even though I didn't realize what I was seeing, which is, you can reinvent yourself, you can do different things, just because you started one thing doesn't mean you end up that way. And so I think that was part of it. I think the other part of it is, I had great experiences that gave me a foundation as a good general management person, so R&D, and quality and operations, and then sales and marketing. And so I felt like I was pretty well rounded, which enabled me to go very quickly into startup land.

So I don't know if you can train someone to be an entrepreneur because if they don't have that appetite for risk, if they need that steady paycheck, if they need that benefits package, if they need all those perks that come with being in corporate, this is not it. If you need a secretary, if you need an assistant, if you can't manage your own calendar, this is not it, so.

Taren: Agreed.

Allison: I think it depends on the person.

Taren: Agreed. It's a risk part, but it's also the thinking on your feet part and make you being able to make a decision in minutes sometimes, as you said, that's part of the puzzle for being an

entrepreneur. All those pieces have to go in there, and you have to be willing to do all those things. You talked a little bit about that network that you've been able to build over the course of your career. For a lot of women, it's really hard. How have you been able to really capitalize on that network that you've built?

Allison: I worked with a lot of young women, middle-school aged girls trying to keep them involved in science, all the way through high school, and then in college, etc., and the one thing I always tell every— it doesn't matter if they're female or male, every person I meet is that you've got to keep that network up. And I don't think women, I don't know if it's we're not trained that way, if it's not like something that's inherent in our DNA, we tend to have kind of groups of friends and very close friends, but we don't have this broad range of people where we feel like we can just pick up the phone and call them. I do see that changing, but women need to work harder at it because maybe we don't have those same social interactions as men do.

I don't completely understand the dynamics there. I don't pretend to be an expert in it, but I do know you have to work at it. And so that's everything from, if somebody calls you and says, "Hey, do you mind talking to my son or daughter?" Or "hey, I'm looking for a job, who do you know?" I think you take the time, and you say, "Okay, I'm going to help that person." And it's not just because they may help you someday, but I mean, that should be part of what we're doing. It's paying it forward a little bit. And it's the connections, it's keeping up with people, whether it's saying congratulations on your anniversary on LinkedIn, whether it's sending them a card.

I'm still a little bit old school, I like writing handwritten notes to people. So you have to work at it. It's not an easy thing to do, but if you do that, then I can pick up the phone with people that I knew 15 years ago and say, "Hey, I'm starting this new venture. Who do you know that would be interested in this area?" Or "what doctors do you know?" Or "do you have connections with this guy who wrote this paper?" And so I think that's a really critical thing is keeping good notes on your network. LinkedIn is a wonderful place, and you can keep notes on your contacts, so you can remember where you met them, how you met them, what their expertise is. And it's a lot better than the old-fashioned Rolodex.

Taren: That's wonderful advice, and that's great insights in terms of that network. Talk to me a little bit about what you're doing now at UVision and the Luminelle DTx. And then we're going to get into some of the other things that you've developed in terms of your patents, but I'm curious about this particular breakthrough for women's health.

Allison: It's funny, we have looked back on our history here, we've been doing this for five years now, it's hard to believe. And look at how the evolution has happened. So Luminelle, UVision360 was originally created to develop a hysteroscopy system that was specifically designed for the office setting. And the key here is that we're looking to have access for more patients at a lower price. So lowering the out of pocket payments, looking at lowering the cost for physicians to acquire the equipment, and just making it really very simple, so that the office staff themselves don't have a lot to deal with in terms of setup and cleaning, and all of those things.

And so for your audience who may not know what hysteroscopy is, it's really very simple. It's a camera, it's a very small camera, we're actually less than two millimeters in diameter, and it is inserted into the cervix and the uterus. We do diagnostics, as well as therapeutics, looking at everything from fallopian tubes, uterine cancer, dysmenorrhea, polyps, et cetera. So anything that has to do with really reproductive health, we then expanded to cystoscopy, which is the same system, but it goes into the bladder.

And originally, we were really focused on that dual indication of operative and therapeutic as we've kind of morphed over the years, we've developed now a whole line of these consumable sheets that actually get placed over the scope itself and allow physicians to do a lot of different procedures. It keeps the scope clean, it protects the scope, and it protects the patient. So we're really excited about the different ways that this system can be used. We're now looking at male urology as well, especially around prostate health, but I would say, Taren, our overall goal has always been about reducing the barriers to healthcare. And that barrier can be everything from cost to fear, women put off things. And so this system is supposed to be very small and simple and easy for the patients and the physicians. And so from a breakthrough perspective, I think it's less about a breakthrough that many people think of in terms of it doesn't cure anything, but it just really makes everything simple as our goal.

Taren: Well, then, in itself is a breakthrough because there's been so few advances in women's health over the last 20 years that this is amazing, it's marvelous, what a great new technology.

Allison: Over the last year, especially with COVID, we've done quite a bit on LinkedIn, as well as in our local communities and on Facebook, trying to push women taking care of themselves. We tend to take care of everybody else first. And I think especially, during a time where you're in quarantine, or you can justify maybe putting things off, but it is so critical for us to be thinking about uterine health, just like we think about breast health or heart health. We focus a lot on those types of disease states, but a woman's uterus is the core of her body. I mean, literally the core, it connects a lot of different things. And you would want your core to be healthy. And so we've tried to really push the knowledge and the understanding of your uterus needs you. So don't let it suffer during COVID.

Taren: Yeah, you can be a little tongue in cheek with it, but that's really such an important message. And so thank you for doing that for women, but this is not your first foray into women's health. You really have become quite an expert in this field. You started Aegis Women's Health Technologies, speaking of your entrepreneurial days. So why is it women's health that has been such an attraction for you?

Allison: Wow, I don't really know. I can't tell you that that was something I set out to do. My background was actually in implantable. So in school, I was really focused and even in work focused on developing biological or in synthetic type of materials that would replace biologic systems, so whether that was skin or veins or even organs. And when I went to J&J, I just kind of fell into it. So I think it chose me more than me choosing it, and I just felt kind of in love with the opportunities of really doing things for women.

My mother had died of cancer when I was quite young. I know lots of my friends who have had breast cancer and ovarian cancer and uterine cancer, and the time, death sentence, I mean, 20 years ago, 25 years ago, these were certainly death sentences. And we've come so far, but we've got so far to go. When I look at things like Aegis, Aegis was focused on urinary tract infections, and specifically chronic urinary tract infections, and we developed a product that would enable women to care for themselves. It was a consumer device, it was applied to your urethra prior to sexual intercourse and couldn't raise a dime.

Now, this was 2013. So things were a little iffy. 2012, 2013 is that capital markets were a little bit down for deal flow, et cetera, but FemTech had not become a thing yet. And so I think if we were to pick it back up today, I probably could get it going, and in fact, I would love to do that, but you talked about old white men in a room, and I love my senior men that are my investors because they've seen it, they've done it, they've been there. They give me great advice, but they don't understand what it means to have some of these conditions. I think they're empathetic to their wives or their daughters, but again, women don't necessarily always talk about these things.

And so the younger generations maybe under 60, I think we're much more vocal, we're not going to take it anymore. And we talk about sex, we talk about vaginal health, we talk about urinary health problems, and it's not just an old lady disease, it affects over 55 percent of women in childbearing age. So it's things like that, that make me excited to say, what can I do? How can I speak differently to men? How do I speak differently to women to get them engaged in other fundraising or in caring for their own health? And once you're in a field, you start building up information. And again, it goes back to that network.

I know doctors that, I knew them when they were residents. And so now, they're chiefs of their department, and you just keep those relationships up. So you just naturally gravitate to places that you know and you feel comfortable. And I also want to mention, one thing about Luminelle is our most recent kind of discovery, I guess you could say, or pending launch is, we just filed with the FDA to launch a new product called the Luminelle Bx or biopsy. And biopsy, meaning we're just taking a very smallest sample of tissue, but right now, Taren, about 50 to 70 percent of biopsies are done blind. And what that means is physician will go in, they'll look at the uterus, they'll see what they think is a suspicious tissue, they'll take the scope out, the camera out, and then they'll go back in. And they'll hope that they get, number one, the cells that they just saw, and number two, they hope they get enough of the cells.

And so we've developed the first and only integrated biopsy and scope system. So a physician, number one, doesn't have to take the scope out, they can see the sample they're taking, they can ensure that they have an adequate sample. And number two, they're not having to have more discomfort for the patient because they're not going in and out. So we're very excited about this, we think this is going to make a significant difference in women's health, and it's certainly going to make the lives of physicians easier, and pathologists, because then they won't be frustrated that they're getting either insufficient samples or the wrong sample. So very excited about this.

Taren: You should be excited about that. The potential is tremendous to reduce the error rate, to improve outcomes. My question is, are physicians open to adapt to taking on these new technologies? Or are they stuck in the old way of doing things? Do you get resistance?

Allison: Well, so we're early days with the biopsy, I would say the resistance for physicians is not necessarily on the technology, it's really about right now the way that you can do a visually-guided biopsy, which means you can see it while you're taking it is you have to have extra instrumentation. So you either have to have scissors or graspers or you're using an energy and all of that cost money for an office. And it's not comfortable for the patient, especially if you don't want to employ anesthesia. So that's why 70 percent of hysteroscopies are still done in the OR today because they're under anesthesia. And we're talking like a 15-minute procedure, and it's costing a hospital system somewhere between \$13,000 and \$15,000. Your out of pocket is perhaps your entire deductible. So if you're a high deductible plan, that's \$4,000 to \$6,000 out of pocket for a 15-minute procedure that can be done in your doctor's office. So it's a little bit of again, it goes back to the barriers, the barriers of access, the barriers of cost.

And women, 98 percent of women would rather have something done in their doctor's office than going to the hospital, but I would think most people would, right? I mean, you feel more comfortable. So I think doctors, especially gynecologists, they are so empathetic to their patients, and they want to do the best care they can that they're able to, but let's talk about cost. Women's health is still some of the least reimbursed procedures out there.

Taren: Yep.

Allison: And so we're fortunate that we've got pretty good reimbursement codes, especially for biopsy that's directed visually, or for other types of tissue removal, like fibroids or polyps in the office. So in 2017, big change happened, big increase in the reimbursement for the codes that are really important, but we're still well below what men get. I mean, for prostate care, they can charge some of these devices that are, I mean, this is really important stuff, don't get me wrong, but if you have ED or if you have a vasectomy or any of these other things, it's just a whole different reimbursement mindset. And I don't think their plumbing is much more complicated than that horse.

So it's always a little frustrating that we look at these codes, and you say, part of the reason why women's health has not had more advances is (A) the reimbursement and (B) it's a little bit about the legal situations. I mean, we are talking here about reproductive organs and about the ability to bear children. And so it's just a whole different, I guess, ball of wax that you have to deal with?

Taren: Well, and let's be frank, the people who are making those reimbursement decisions are going back to those men sitting in those seats of influence and power. And while they may be empathetic, they don't understand, they don't have that personal relationship to it, so it's not the same.

Allison: Yeah, I also think it's because women have not stood up for themselves. And that when you look at, I mean, when ED became a thing, you just thought the sky was falling because these men couldn't have sex. Oh, my goodness. Now, I feel for them and I feel for their partners, absolutely, but are you telling me that that is a more important situation than a woman who can't have sex because it's so painful, and she's not telling her husband that it's painful? I think this is the difference. So we have to be more vocal, we have to take charge of our bodies and our health. We can't just say, I'm going to put up with it. Unfortunately, even some family practitioners or some general physicians may just say, Oh, just take a pill and you'll be fine.

Think about the word hysterectomy. It comes from the root word hysterical. And this is what history teaches us that women get cuckoo, and we get crazy, and the women who actually talk about it and the women who complain, well, just give them a pill and they'll calm down. And luckily, we've certainly advanced past that, I think, to really being able to have honest conversations with our spouses, with our doctors, and saying it hurts when I have sex. I am bleeding abnormally. Women know their bodies. You just got to listen to your bodies. And you got to speak for your uterus.

Taren: I love it. So this is great work that you're doing. And so thank you so much. And thank you for sharing this part of your journey because I think it is so important. It's been very enlightening for me and hopefully for our listeners as well to know that they have to stand up and to speak for their body and to listen to their uteruses and to talk for them. So tell me about some of the other patents you hold. How was that process for you? That had to be pretty exciting.

Allison: Yeah, so a lot of my patents, most of them are actually in women's health. And in, of all things, panty liners, which most people don't think about the science that goes behind a panty liner, but I was very fortunate to work on things around breathability, some really, really cool science research projects at J&J. So a lot of my patents are for that. And then, of course, we've got now four patents with UVision on the system and the different sheets. So it's always good to kind of keep your finger, I guess, you'd say, in the world of R&D. And patents are really important. I mean, I think a lot of people don't understand the importance of IP, but it protects you, it protects your company, but it also gives you a creative value. So it's interesting, the people that will ask us about our assets, a lot of times don't understand how IP is such a big asset.

And again, we have four patents, we've just applied for a European Patent for UVision, and that asset creation, while it may be difficult to put pen to paper from evaluation, a pure financial valuation, just think about it, no one else can do what you're doing. They would either have to work around it or they would have to ask you for a license for that. So it's a revenue source, certainly.

Taren: Totally cool. And again, so important to understand the value that your intellectual property holds, especially as an entrepreneur. Very, very cool stuff. You talked earlier on to about having to raise money, and I would imagine, sometimes you're the only woman in the

room. How does that feel for you? You've obviously been able to make the adjustments, but what were some of the lessons you learned along that way?

Allison: Yeah. So it's funny, I look back at kind of my career, and when I was an undergraduate, I was the only woman in my program. I was in polymer chemistry and material engineering, and then when I went to graduate school, there were 12 of us in our class, this was at NC State – and I think there were 12, and 10 of us were women. So it's kind of strange how that happened, but I have tended to be like the only woman in the room, and not just raising money. And so you just learn how to get along with the guys, I suppose, that's one thing.

And I think the other thing that's made a difference is when you pitch as a woman, I guess, I don't even think about pitching as a woman, I actually am more concerned about pitching my companies because they deal with women's health. And that's a much more difficult thing. I don't care if it's a man or a woman pitching it, you're still talking about a sensitive subject. And so to your point, standing up in front of a room of 40 or 50 people, and maybe there's one woman in the room, you got to find a way to have that conversation that's not embarrassing or confrontational or challenging for the men to hear because once you do that, they turn you off, right? That's human nature. If anything is troublesome to you, you stop listening.

And so I think that was part of our struggle with Aegis with urinary tract infections is that it's really hard to talk about that without it being a little embarrassing. And for UVision, we've been fortunate to be able to talk about it as a tech play. So I really play up the tech, the fact that it's a digital system, it's a camera, they can relate to the fact that everybody may have had a colonoscopy or maybe they've had cystoscopy. So men can relate to that, and it gives them a connection that is a little bit more difficult when you're talking about sex or other issues that women may have that are different from men, but I tell people when I work with them and I mentor them and I work on their pitches, you got to think about your audience. What is it you want them to come away with? And at the end of the day, they're going to give you money.

They may think your device or your project or your company is cool or interesting, or they may have an affinity to the product that your company is developing, but at the end of all this, they're betting on you. They're saying, I believe that Allison and her team can do this, can win, can succeed, and can make me money. And if you forget about all the other stuff and you just think about what's their need, their need is, they're giving you money, so they can make money. And that's really what we're talking about here. So I always tell people, you've got to get over yourself and how great your ideas and I don't care if you have a PhD and it doesn't matter to me, if you're the chief, blah, blah, blah, whatever hospital. Nobody cares about that unless they know you can execute. You may have been a top dog at your hospital, but that doesn't mean you can develop a company and make them money. So it's a pretty simple basic tenet when you're out there pitching your company.

Taren: You obviously are a role model to women, and how does that mantle of responsibility fit for you?

Allison: I guess I never thought about it that way. I like helping people, I think. I love listening to new pitches. And I'm an investor myself, so I have kind of my rule of thumb, though, I typically don't invest in things that I don't get really serious about or become a member of the board or really help to advance them in some form or fashion. So I don't know, I think it's really important for women to be seen as neutral in some ways, especially for me, I think it's not about men or women, it's not about helping men or women, it's about helping people advance whatever their dreams are, and thinking through that in a logical way. And that's what gives me a lot of excitement and it gives me a lot of pleasure and satisfaction to see people really be able to take a small idea and create something amazing out of that.

I do get asked by a lot of women, but I think more and more, we just have to keep in mind that diversity is important, that diversity of mind and diversity of thought. And what I love is that I'm seeing like, over the last five years, especially I'm seeing a lot more women investors. And I think that the women for women funds are very interesting. And I do have some support by women's funds, but I also think it's really important for women to be in investment groups with men because you learn how to invest, you learn a different way of thinking.

Actually, one of our biggest investors is VentureSouth. They're a great group here in the Southeast, they are out of Greenville, South Carolina. And they have several chapters, I think they have 16 chapters over the Southeast. And they do a lot with education of women and teaching them how to be investors. And you know what? Women are really good investors, really good investors, but women typically take any extra money they have and give it to charity, or they're more philanthropic, which is wonderful, but they don't think about how they employ their capital back into their own reserves. They're not thinking about how they their money can make money for them. Women are wonderful at due diligence, they ask inquisitive questions in a different way. And so I think that learning how to work with men, especially in a due diligence or in an investment setting, it's really interesting to see again, that diversity of thought that comes through.

And then when you couple that with— I've got friends that are from India and from China, from New York. So when you have that diversity of backgrounds, you get a whole different perspective, it really makes for a solid investment thesis.

Taren: That's awesome advice. It's great insights. With your finger on the pulse of what's happening there and women's health, what do you see for the future of FemTech, because it really is starting to gain some momentum? Should we look for this to be on an upswing in the next couple of years? Is there true momentum behind this movement?

Allison: Yeah. So only thing I can say is that when I look back at the last five years and I look at the deal flow, so you've got to kind of two ways you can look at it, you can look at deal flow and you can look at clinicals and patents and kind of the clinical side of things. So on the clinical side, I would say, I've seen a huge change in the market over the last five years, a lot more entries, a lot more in the pharmaceutical space, as well as in the med tech and in the diagnostic space, quite a bit of activity, all small companies.

And I think that's one thing that's very interesting is that there have been several big companies who were leaders in women's health who are out. So Johnson & Johnson is no longer in med tech for women's health. Boston Scientific just sold their portfolio. So when you look at kind of corporate America, I think there's less going on, but there's a whole lot more activity in the small companies. I'm excited to see a lot of deal flow, meaning companies that are getting funded, either by angels or VCs, you're seeing quite a bit of activity in the last few years around acquisitions. And I think we're seeing an uptick, especially in this kind of unique blend of women's health that is FemTech, that's truly tech, that is the consumer based.

And that's a weird place for a lot of people to be. You have to go through the FDA to get approved as a medical device, but you're selling to patients and you're selling to women. And I think that's the place that I get excited about because women again, will have more opportunities to take care of themselves and direct their own health. And I think investors have to get their arms wrapped around that. They're used to very much this world of revenue created by reimbursement, and especially pharmacies, there's always that cue code or whatever code you have to get for pharmaceuticals. Now you're talking about cash pay, and marketing becoming a much bigger part of your expenses, then regulatory and clinical.

And so I think that's difficult for some investors, but the ones who are figuring it out, I think they're going to win. I don't know about the digital space as much because I think there's a lot of noise right now. Fertility trackers have been around for a while, there's been pelvic floor health products for a while. So I think it's going to be interesting to see as the Internet of Things and AI continues to progress, how does that all merged together with pharma and device to really provide a way for women to care for themselves, and honestly, I think it's a lot about their sexual health.

Taren: In a year, I think there's going to be fascinating times ahead. And so I'd love to be able to tap back into you and see where we are in a year or so and see what's out there. I think it's going to be an exciting time. So thank you for that. Talk to me a little bit about your leadership style. You said earlier that it's about almost being neutral, but you sound very passionate about what you do. So tell me about how you lead your teams.

Allison: Well, I think my leadership style has certainly changed. Let's hope that we all kind of continue to grow, right? I used to be extremely directive. And perhaps maybe that's why I wasn't necessarily always great at corporate America because I didn't play the politics. I think I try to be very inclusive with my team. I believe that while I have to make the final decision, that doesn't mean I have all the answers. You know what? My business partner, Erich Dreyer, he and I are kind of like brother and sister in a lot of ways, and he always tells me, he said, the differences that you've got a lot of ego, but you can take criticism and you can listen to people and you try to adapt.

And I think women tend to be more adaptable, more flexible. And that sounds stereotypical, but I do see that. I think men tend to find a style and they stick to it. And I think women, you have to evolve. Every situation, every company is different. You're going to have to learn how to evolve who you are. And I think the biggest thing is knowing what you really love, where you

have strengths, and then you got to fill in your gaps with people and advisors around you. I am not a finance person. I love to look at my numbers, and I can do a P&L and pricing analysis all day long, but if you try to make me run a balance sheet and everything else, forget about it.

So I think it's important to do— you can't do anything by yourself. And especially in the startup world, people who say I did this all myself, don't believe them. And if they are, don't invest in them because they're going to fail. It's craziness. So I would say my style is inclusive, but you got to be directed when you need to. If you're the captain of the Titanic, and you're seeing the iceberg, you're not waiting for everybody to give you input on which direction you needed to go. Unfortunately, he headed right for it, but I think you have to make sure that you understand that the iceberg, what you're seeing is just that small tip, and maybe other people have a lot more insight to what's underneath the water.

Taren: That's fantastic. That's great. It's great insights. As we end our time here, I would like to ask you the question we ask all of our podcast interviewees, and that's about an accomplishment or a wow moment that either changed the trajectory of your career or shaped your career. You've had so many great wins and so many great successes, I'm going to challenge you to find that one thing.

Allison: Yeah, I would say actually, the thing that changed my career the most was a huge failure. Huge, at least in most people's minds, it would be a failure. And this was in 2009, we can all think back what was going on in 2009, the markets were crashing, we had all the housing bubble burst, people were being laid off left and right. I was a general manager at GE. And up until that time in my career, in my education, I was fortunate, I was on the fast track, I took a lot of risks, I got a lot of reward for that and was excelling very well. And in 2009, I got the bomb on me, which was, we're letting you go. And it took me about 10 minutes to register what was going on and go through the whole thing of what, this can't happen to me, this has never happened to me.

And the arrogance of a younger person and going through that, but at the same time, not only was I let go, Taren, but my entire team was being dissolved and absorbed. So I had to let over 35 people go in the span of two days. And I think what was meaningful for me and the way I got through it was not only was I, of course, got to pick yourself back up, you have your pity party for a little while, but then you got to figure out how you're going to move on, can't just sit around and wallow; otherwise, nothing gets done. And I was fortunate that they gave us a window, they gave us, I think, it was like four months to find another job within GE. And I chose not to stay there, but I spent a lot of time with my team. And by the time I left, all of them had another job.

Taren: That's wonderful.

Allison: So focusing on other people, I think, a lot of times gets you out of your own rut. And so it was just important for me that I left knowing that I had done everything I could for my team and supported them.

Taren: That is a wow moment, I'll tell you, and to be able to turn that failure into so many positives really is a testament to you as a leader. So thank you for sharing that very personal story. And thank you for being so authentic and so informative and so wonderful to speak to for this WoW podcast. I really learned a lot and it was great to hear from you. And I look forward to what the future of FemTech has, especially when we have leaders like you who are leading the charge. So thank you for all that you're doing.

Allison: Thank you. And Taren, if I should just say, women, don't wait. You've got to speak for your own health and your own uterus. So don't wait.

Taren: And we'll mic drop right there then. Allison, thank you.

Allison: Thank you.

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