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In this episode, Taren meets with Anna Sundgren, Ph.D., Senior Director, Renal Disease at AstraZeneca.

Taren: Anna, welcome to the PharmaVOICE WoW podcast program.

Anna: Thank you so much for having me, Taren.

Taren: It's our pleasure. Anna, can you please provide some context around chronic kidney disease. I know that this is a passion for you. I also recognize that there's been little innovation and treatment advances in more than 30 years, but the problem is still increasing. And then we'll move into how this plays into your role as senior director of renal disease at AstraZeneca.

Anna: Absolutely. Like you said, the innovation in this area has been bleak over the past 30 years, and this really give some flavor to the numbers I think, Taren. It's important to think about the growth of deaths in this area and it actually has doubled since 1990. The reason for why this happens is because when the kidney function declines and the kidney gets less and less capacity to filter urine, we get complications from that when the body is reacting to a poor kidney function, and that leads to cardiovascular death and essentially people succumb to this before they get transplants.

And so as the amount of patients with chronic kidney diseases are increasing, then of course we see more people succumbing to this horrible disease, which is really quite insidious and hard to know that you have, in fact. So innovation is very important. So with the new scientific understanding we have in the area, we have the ability really to address this now in ways that they probably didn't have 30 years ago and so for me it's very important area of research.

Taren: Excellent. Talk to me about what your role is at AstraZeneca as a senior director for that renal disease business unit.

Anna: Yes, absolutely and I'd be delighted to. So I have kind of dual hats, if you will, in the company. I work with the renal strategy and I started that about five years ago when there was fewer than 5 or 10 people caring about renal disease in the company. So since then I've sort of worked with building a strategic way forward for AstraZeneca in renal disease.

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But I also have the role of a global development leader in the company where I have the honor, if you will, to be involved in the research and development. So really driving through large global teams the delivery of new data and trial data for registration and reimbursement so that the new drugs that we're developing chronic kidney disease actually reaches patients across the world.

So those are the two roles that I have and of course both of them are very, very tied to chronic kidney disease.

Taren: I understand that you have a very personal story regarding chronic kidney disease. Would you mind sharing that with our listeners?

Anna: Not at all. Not all. In the beginning when I started talking about it, it really moved me and was hard to talk about, but now it's almost yeah, nine years ago. So my mom died in 2010 and I've always been very interested in research and development, but it wasn't until my mom passed away when she was on dialysis that I really found my purpose I think and really was able to channel all of my passion into research and development into chronic kidney disease.

And my mom, she had an underlying disease so she wasn't eligible to get a transplant which meant that for her dialysis was kind of the end of the line and she's a very impressive woman I think. She loved to walk out into the woods with her dog and pick mushrooms and she loved to paint and a lot of things. She lived in the countryside in Sweden and to get to the dialysis center for her it took a whole day, and then when you're in the dialysis chair it's very tiring; so the day of dialysis you're absolutely exhausted when you come back and then you have one day at home and then you have to go back in and do dialysis.

And so the quality of her life really dropped to horrible levels. She couldn't do anything. She was just always fatigued. She couldn't do anything that she loved and felt that she was really tied down to this dialysis chair and so in the end she actually chose to stop dialysis and what that means is that when you don't – when you can't clean your blood and your kidneys are not functioning you go into a coma and you pass away. So she did that in 2010 and I was really upset why she had – the fact that she had decided to leave us, but as I said it gave me a lot of passion to try and treat this disease in the future.

Taren: Well, thank you for sharing that. That is devastating and I'm sorry for your loss.

Anna: Thank you.

Taren: And it takes so much courage to keep going and address an area that is so personal to you. Let's talk about the areas where you see the greatest innovation going to happen in that

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chronic kidney disease space. Where you do you see a lot of excitement? What's hot right now there?

Anna: There's a lot that's hot. I want to say that in the beginning. So just the levels that I think innovation and really discovering new ways of addressing issues or matters on a global scale in any kind of business is very important. And I think for being working in R&D and doing that is very rewarding and for CKD I mentioned in the beginning that there's been a lot of new scientific findings that help us deliver new medicines in chronic kidney disease and then there's particularly three areas that have really moved lately.

And one if we sort of group them, there's two areas that sort of goes to complications and so when the function declines as I said in the beginning, you start getting complications of your poor renal function. And there are two areas of complications management that have really moved. One is potassium levels. When you have poor function, kidney function, you can't clear your potassium levels from the blood and if you can't clear your potassium levels you run the risk of sudden cardiac death and arrhythmia.

Recently, there have been development in how we can selectively bind this potassium ion and clear it from the blood through the gaps essentially and that's a very, very good new innovation that's coming to the renal patient very soon in the US AstraZeneca is actually launching one medicine here and in the world of course it's coming. We have two new medicines in this area but not AstraZeneca is both of them, but at least we help a lot of patients. Absolutely.

And then staying with complications, there's another one which actually my mom suffered a lot from which really results in like a fatigue that's debilitating. You basically just observe the world from outside of your body. You're not really feeling any energy to do anything and that's renal anemia. When the renal function declines, there's a protein that's produced in the kidney which is called erythropoietin and treating the anemia in a different way is also something that has come up very recently, a new medicine that's launching across the world as well in renal anemia, so two very new innovations coming in complications management.

We shouldn't forget that we treat complications, but we also need to stop the progressive decline of the renal function and here there's a lot of new interest in a mechanism called SGLT2, which is a way to stop the kidney function to decline fast and AstraZeneca has one of these medicines. And there's also several good options out there already where there's research ongoing to prove that actually the kidneys are protected if you take these medicines. And so together these are three extremely interesting new innovations that will reach patients and it will help patients from having to get transplants which is really important and save also patients from having to go on to dialysis hopefully if used effectively.

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Taren: Those are exciting innovations not only from a disease standpoint, but as you said from a quality of life standpoint. Do you think these medicines would ever bring to bear the fact that folks may not ever have to go on dialysis again or are we still ways from that?

Anna: No. I think our vision, if you will, for the longer term is to really be able to diagnose chronic kidney disease early and if we treat it effectively with our new medicines that are coming into the renal space, effectively stop patients from having to go on to dialysis and essentially succumb to something else, if you will, just the kidney will never really be the reason for why they pass away and they would never have to go on to dialysis hopefully or need a transplant.

Taren: Well, I wish you continued success. This is such an important therapeutic area and it just it means so much to so many people out there.

Anna: Yeah. I completely agree with you.

Taren: I noted on your bio you have been at AstraZeneca for more than 18 years. That's a long run at one company. I'd love to know what has kept you at AZ for all these years.

Anna: Yeah. I wonder about that to myself sometimes, but if somebody asking it like you did Taren, I started reflecting on it and of course what you do everyday, if you always do the same thing you start knowing it really, really well and of course then you want to move on and do something else. But AstraZeneca have always been a company that allows personal growth and continuous learning and with that then you acquire skills that allows you to move in the organization and if you do that and you get a new job, it feels like you're changing company almost. So for me, I've been working on very many different continents for AstraZeneca in many, many different roles and so it doesn't seem like 18 years. I can't even believe myself sometimes.

Taren: That's funny right when you look up and go ooh, that's 18 years already. Let's talk about your international experience. You've had a number of global roles and so how does that world perspective inform your vision, your strategic decision making and your leadership style?

Anna: I must say I've really enjoyed the international work that I've done and it's really opened me up for that heterogeneity and different perspectives which you often actually spend from coming from a different culture. It really helps us move things along in a more sensible way.

Let me explain that a little bit. We all have biases; I mean that stems from who I am and my culture and how I grew up and what I have learned, but when we come from very similar background it's really easy to sort of get stuck in a group thing and almost not – I mean you have the same blind spot I guess is what I'm saying.

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But when you're interacting with international teams, we all still have biases. I'm not saying that, but we have different biases which means that we can sort of see matters together from different perspectives and I have the greatest respect for that where I feel that international placements for myself has made me see that and working in teams that are truly global really brings more value I think than teams that are more similar as such.

Taren: I agree. I think that you're right; I think that that diversity of culture, that diversity of thought, that diversity of perspective really does make for a stronger team dynamic and therefore stronger product. But let's face it, managing global teams requires quite a bit of balance. Do you have any tips or techniques that you learned along the way that you have found to be really helpful in managing across different time zones, different cultures?

Anna: Yeah. You're right, Taren. I mean I think it does have sort of an upside and a downside and the downside always when you work in global teams is that of course you're not in the same place and effective teams do work really well when they're in the same room together. And so I think if you'll allow me to go a little bit tactical first and then we can talk a little bit more about the biases later on, but I think tactically you have to allow for the new technology being not always optimal and takes time to make sure that you have the right technology to meet effectively.

And another thing is language barriers. We're all talking in English, but I'm not a native speaker in English and the team members aren't either. So it's a matter of like making sure that you speak in an easy way and that you have something written down as well as when you say it so that people can return to it and really make sure that they understood. And then I think one thing which is also very common is the 24-hour working. So if I have a team in Japan, in China, Europe and the US essentially the team as an entity is working for 24 hours and so it's a matter of setting your own boundaries that okay, now Japan is working and I'm not going to respond to any emails even though it lands in my Inbox at like 1:00 a.m. in the morning. So both good and bad I think, Taren, and respect for it this way I want to say and that's also, I think respect for culture.

So we tie it a little bit back to bias and the culture that we're living in. I think with a global team, you really have to have respect for religious events and holidays and the fact that people in Sweden go out for four weeks in July on vacation and you still have to get things going in the global team. So there are things that you have to consider, but if you're willing to work around these things and really make sure that it works the reward in terms of a heterogeneous global team is great I think.

Taren: That's great insight and yes, that 1:00 a.m. email, no. But I do like the four-week vacations in Sweden. That sounds awesome. Again, along a similar vein you are sitting in an

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executive level role, what lessons have you learned along the way that might benefit other women who are looking to ascend to that level?

Anna: Yes. That's really interesting question I think Taren and when I was younger in the organization I think I tried to sort of behave in a way that I thought was needed, maybe in my leadership style and male in my way of working, if you will, but as I've grown older and become more sure of myself, I think I've realized that it's really more of a transformation on leader style that's important and it's a field in innovative businesses and in that a female leadership style is really, really valuable, so I've become much more myself. I'm trying to be really authentic and really bringing what I am to the team.

For instance, I'm a ballroom dancer, which is a very girlie thing to be, but I'm very proud of it. I like the team to know that and I share things and I try to be who I am and lead my team with engagement and positive direction.

Taren: That's awesome. What's your specialty in ballroom?

Anna: I do the 10 dances, the 10 core dances, but I love any kind of dancing. Do you dance yourself Taren?

Taren: I do not, but I'm so thrilled. I guess I've never met a ballroom dancer before, so fantastic.

Anna: Yeah. It's really good exercise actually.

Taren: I've seen them on TV. I think it's amazing the things that you all can do. So obviously there's different levels of success. There's personal success. There's professional success. How do you define success for you?

Anna: I think it was internally motivated as a person and I know I am and feeling good about achieving something. In general, it's good. The smaller everyday things, feeling good about having done something well, but if I take the bigger picture it's more about leaving something that's greater than me behind, if you will, and especially since my mom passed away I really for the past five years had a very strong success definition of leaving achievements behind me, if you will, that can help patients with CKD and so for me it's sort of that legacy will be my success and that's why I'm so delighted to be able to work both on the strategy now as well as two of our core brands within research and development.

Taren: That's exciting. Are you a mentor to other women in the organization?

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Anna: I have been a mentor off and on for quite awhile and my latest mentee she left the company a little while ago. She chose to do something else, but I really enjoyed that actually. Talking with the – I mean having mentors and being a mentor is very, very interesting because you're not only sort of look at your own work life and also your private life in a different perspective when you talk to somebody else, but you also can learn a lot from your mentees, so yeah I really enjoy that. Right now, I don't have a mentee within the company, but I take every opportunity to do that whenever I can.

Taren: AstraZeneca if you're listening, she's available. Going back, I know you talked about authenticity and that's some place where you've gotten to be as a leader, if you were to reflect back and think I wish I had known that then, is there any piece of advice you would give to your younger self?

Anna: That's a really good question. I normally answer, when it comes to advice, I normally answer that I think should look up from their everyday work and look around and listen more and take in the world. But to myself, I probably wouldn't give that advice because I've always really done that. So I think if it were to myself I would probably say be confident that you actually will bring value and start acting and speaking up now because when I was younger I was more listening, learning other than sort of contributing actively and directively, if you will. So I think that's the advice I will give myself.

Taren: That's good advice. Now finally, can you identify one wow moment that changed or enhanced the trajectory of your career?

Anna: Yes. So I have to really bring this back to a woman's summit that I went to actually in 2016 in Luxembourg and at the summit I have a very direct big effort to get more women in leadership positions, but also work with the gender balance. And so every year we have women summits on our main site. And this year in 2016 we had a keynote speaker called Agnes Vold, and I don't know if you've heard of her. She's very Swedish in a sense, but in 1997 she published a *Nature* paper about nepotism and sexism in peer reviews and in *Nature*.

It was really an amazing paper and she came to Austin in 2016 and presented her series on enrichment factors and bias in terms of how we make decisions for promotion and what that led to was we – all the small decisions we do as a leader when it comes to hiring and firing and promotion, etc. and what it led to on a consolidated level and it really opened my eyes to how important this to be thinking about bias in these situations when you're a female manager.

Taren: I couldn't agree with you more. There's study after study that show that women just don't put themselves forward as much and that there is a bias against women in promotion. So I think you are hit right on a key point especially so current today. We are living in an age of

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everybody is looking at gender diversity and gender equality and we're not there yet, which is amazing.

Anna: No. And when you think about reading Swedish originally, when you think about the Swedish society there is – when you think about Sweden, equality is the first, one of the first few things that people think about, but Agnes' paper even though it's old it was about Sweden and when you keep struggling with these types of things and it's all in our own heads. So if you want to make something good about this, we have to be aware of what actions we do everyday and what the impact it has on other women.

Taren: Absolutely, and other men.

Anna: Yeah, absolutely, yeah, yeah for sure.

Taren: Because sometimes we – the men get vilified, but in fact it's because they don't even realize what they're doing. But when you shine a light on it they are far more receptive to thinking about how to change some of the processes in the way they think.

Anna: Absolutely. And I'm definitely not saying that it's only men that's creating this enrichment of the funnel, if you will, from lower career levels to higher. Ask many women and we're all sort of subject to bias and not being aware of what we do. I think it's the reason for why it happens and we all do it, women and men.

Taren: I couldn't agree with you more. You summed it up perfectly. Anna, I've so enjoyed speaking with you. Thank you so much for sharing so much of your personal stories and your insights on bias and how things can change for the better and again, I wish you continued success on your good work in addressing such a critical therapeutic need.

Anna: Thank you so much, Taren. It's been wonderful to talk to you.

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