

# 10 Years of Giving



ST is committed to providing and leaving an enduring legacy, not only in Australia but overseas. Sustainable healthcare and education are among our philanthropic passions. We were intrigued when we first heard about the work of Specialists Without Borders (now Pangea). This not-for-profit group, founded in 2008, ensures large contingents of Australian medical professionals are able to travel to developing countries to train and educate their peers. In reality, it translates to improved healthcare for the people and patients in these resource-poor nations, like Rwanda. Royal Melbourne Hospital Director of Neurosurgery Associate Professor Kate Drummond is Pangea's Chair.

Here, she explains how ST has made a difference.



"I don't think we would have been able to survive from SWB into Pangea without the support of Specialised Therapeutics. They have been our biggest donors and

our most supportive and regular donors and basically, that money has allowed us to run our programs, feed our participants, buy our teaching materials and transport our people. It has been absolutely vital. It has meant we can have a little bit of admin support. As you can imagine, trying to organise 350 people right across the world, having a little bit of admin support has been fantastic – it has basically allowed us to survive.

None of the products that Specialised Therapeutics have are of any use in Africa, or in any of the countries we go to. This is true philanthropy.

What is has allowed is education of people who really are going to benefit from the upskilling we can give them, to provide more sophisticated and more safe health care in the areas they are working. They are very senior doctors and nurses going across from Australia to provide tailored education programs.”

**Associate Professor Kate Drummond shared these insights in August 2018. To hear her discussion, please click on the video link above.**



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# 10 Years of ABRAXANE in Australia



STA was founded in 2008 with a single oncology product, a chemotherapy drug called ABRAXANE. It was not yet approved to treat pancreatic cancer anywhere in the world, but Perth oncologist Dr Andrew Dean had heard promising data about this new medicine at an international scientific meeting. At the same time, he was quietly contemplating one of his patients, a Perth grandmother called Margaret Thompson. She had been diagnosed with progressive pancreatic cancer and in his opinion, had only weeks to live.

Dr Dean was considering her case when he stepped into his waiting room and saw an unfamiliar face.

“Hello,” said the stranger. “You don’t know me, but my name is Carlo Montagner from a company called Specialised Therapeutics.”

It was a serendipitous meeting. Within hours, Dr Dean had secured an agreement to provide Margaret Thompson with ABRAXANE on compassionate grounds. She

was the first pancreas patient outside the US to be treated with this agent.

In this piece, Andrew Dean discusses how in his opinion, STA and ABRAXANE have changed the Australian oncology landscape.

“ABRAXANE was STA’s foundation product and to my mind, the company’s founder and CEO Carlo Montagner showed great foresight and vision introducing it to Australians.

STA has been exceptionally generous in its support of our treatment endeavours, by enabling early compassionate access of this medicine to many, many people who could not otherwise have afforded it. STA’s support meant we were able to offer both public and private patients access to ABRAXANE when and where appropriate, more than five years before this medicine was available on the Pharmaceutical Benefits Scheme.

Following on from that, I would say it has been the single drug that has had the most impact on the modern treatment of pancreatic cancer in the past 10 years.

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prognosis for metastatic pancreatic cancer patients.

I can tell you that at our centre in Western Australia, the median survival time for pancreatic patients with metastatic disease is now 19 months, compared to a



global average of 11 months. It is my opinion that ABRAXANE has played a huge role in that. We have had patients who have survived four, five and six years with metastatic disease, and that was previously unheard of. We have also had many patients who were initially considered inoperable, but treatment has enabled their tumours to shrink to such an extent that we have been able to successfully operate. Many of those people are still alive.

In addition, we have recently published the successful use of ABRAXANE re-treatment as third-line therapy for pancreatic cancer, and also its marked success as single-agent therapy for anaplastic thyroid cancer.<sup>1</sup>

And Margaret Thompson? It's been nine years since she was provided ABRAXANE on compassionate grounds. She was what we call an exceptional responder. Her tumour shrank by 90% within 6 weeks. Today, she remains in remission, having never had surgery.

Ultimately, for patients, the introduction of this medicine has meant more time with families and children that would otherwise not have been possible."

\*August 2018.

References:

1. *Journal of Clinical Oncology* 33, no. 15 suppl - published online before print.

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## **10 Years of Innovation**

**ST prides itself on being innovative and entrepreneurial. We set a new pharma industry benchmark in Australia when we decided to stop**

**bonus payments to our in-field representatives based on sales volumes in their territories. We wanted them to focus on their customers, build real relationships and educate, rather than sell. We think it's worked. Our CEO Carlo Montagner explained his rationale behind the decision in this opinion piece published in a national Australian newspaper.**



“I recently bought a red Tesla. It’s a battery operated, engineering marvel that doesn’t require petrol, can be recharged via a rooftop solar panel, is sleek, modern and chivalrous to boot – with doors that open automatically on the owner’s approach.

While I’m an unapologetic and long standing motor car tragic, what really clinched the deal was the way this beautiful piece of machinery was sold to me.

Tesla does have showrooms in Australia, but you can’t actually buy these cars from a showroom.

When you go to a Tesla showroom, expert staff – obvious car enthusiasts like me – demonstrate and provide all manner of information about these cutting edge vehicles.

Our “sales” conversation was educational, informative and involved a pleasant exchange of information that ultimately, led to me purchasing a Tesla product online. At the showroom, I felt no sales pressure but was provided with enough information to make my own decision.

By being informed and well-educated by the representative, in a ‘non-salesy’, low pressure environment, I was free to consider the actual merits of the Tesla without the distraction of the typical car sales process. I knew the various Tesla representatives I had spoken to in the showroom were not receiving sales commissions, so the information provided was passionately, factually and legitimately delivered.

I tell this story because, as the CEO of Australia’s largest independent pharmaceutical company, I have made the decision that from February 1, 2017 our in field company representatives who call on current and potential prescribers of our therapies will no longer be incentivised by the volume of prescriptions written in their territories.

Instead, financial rewards achieved by our people will be based on other performance measures - like the extent of their product and therapeutic knowledge, their level of customer service and engagement, their commitment and dedication to ensuring the patients who would most benefit from our therapies are given the best chance of accessing them.

Why are we doing this? Because if you motivate frontline representatives with a financial carrot, then it is commonsense that those frontline staff are going to prioritise selling products instead of focusing on the specific needs of the patients the product can treat.

Like Tesla, I want doctors to know that when our field force representatives approach them about our therapies, they can engage in a legitimate and genuine exchange of information that is educational and informative.

I want them to feel comfortable in the knowledge that our representative is not being financially rewarded for ‘shifting more units’.

Conversely, I want our people to be truly engaged and to make customer and patient care paramount. I want them to engage and educate without the pressure of sealing a deal.

I want them to strive to achieve – but not sales targets. Success can be measured in other ways that are still tangible.

This approach does fly in the face of how most pharmaceutical companies in Australia and around the world typically operate.

But I am convinced this is the most transparent approach. Our customers – predominantly oncologists and haematologists – can see through a sales pitch. Most consumers can, in whichever industry you work.

This is not about taking an ‘airy fairy’ approach to sales. Quite the contrary. As an entrepreneur with a strong commercial bent, I care passionately about the business I founded, the pharmaceutical industry and the bottom line. Without profitability, there is no pharmaceutical industry, which is able to underpin breakthrough and life saving therapies and technologies.

I staunchly believe this approach will translate to desirable commercial outcomes, because success begins with a great product that fulfils a marketplace need.

Sales are achieved when customers are educated about a product’s merits and benefits. If you have the right product, then the outcome is assured.

When there is an inherent confidence in a product, there is no need to reiterate and ram home tired sales messages.

Our products are medicines that fulfil unmet medical needs. They are not ‘me-too’ products, but are carefully selected for in-licensing to our regions (Australia, New Zealand and South East Asia) because they are innovative and different. Like the battery operated Tesla car, they are not mainstream, but niche-market. The right people will prescribe them if they have the right information and there is a genuine medical need in the community.

Interestingly, my sales tactic sentiments are being echoed in other industries.

In recent weeks, consumer groups have called on the banking industry to come clean on how staff bonuses really work.

These groups warned that some consumers felt bullied into buying bank products by over-zealous sales people who were chasing their own bonuses, instead of providing real, transparent and legitimate information that might actually



improve a customer's financial prospects instead of their own.

The customer should always come first and in the pharmaceutical industry, I would say it is even more important.

Our customers are doctors and ultimately, the patients they care for. Their health is their most prized possession. Our sales should only be made when it's right for them, based on the best information available, imparted by an expert, educated field force.

When the basics are in place, the rest will follow. Just ask Tesla."

***\*This opinion piece was published in the Herald Sun on February 10, 2017***