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Academia to Industry

HAVE YOU EVER WONDERED HOW AND WHY THE PHYSICIANS IN THE TOP POSITIONS OF THE PHARMACEUTICAL COMPANIES LEAVE ACADEMIA TO ENTER INDUSTRY?

**You are listening to ReachMD XM 157, the channel for medical professionals. Welcome to the clinicians round table. I am Dr. Leslie Lundt, your host, and with me today is Dr. Philip Ninan. Dr. Ninan is the Vice-President for neuroscience in global medical affairs for Wyeth Pharmaceuticals. Dr. Ninan has an international reputation for excellence in research in the neurobiology and treatment of anxiety and depressive disorders.**

**Dr. LESLIE LUNDT:**

Welcome to ReachMD, Dr. Ninan.

**DR. PHILIP NINAN**

Thank you Leslie, it is a real pleasure to be with you.

**Dr. LESLIE LUNDT:**

Phil you are such a well-known professor at Emory in psychiatry for so many years that you left to take up a pretty high-profile job in industry, why?

**DR. PHILIP NINAN**

The new challenges that were offered were intriguing and I would say that you know my transition has been invigorating. It offered an opportunity for me to apply my knowledge and my skills at a completely new level and gave me a chance to have an impact at what I would say would be translated more into a global level. As you know, there are basically 3 entities that deal with this area. One is academia, one is the government, and the third is industry and it is really necessary for all of these 3 entities to be working together and there has to be cross-fertilization because they all have unique roles. They want everybody to be able to advance knowledge and bring new medicines to the population at large for public health purposes. So, the government basically has what I would say are 2 roles. One is to protect the public health and establish the threshold for risks versus benefits for the greater good of society and so this is the role

that the FDA plays and they play this in a regulatory role and they have very specific criteria on demonstrating the benefits within certain acceptable risks of any treatment before they would approve it. The second role that the government plays is that they provide the financial resources for basic research and so they guide that, they provide direction, and they provide an infrastructure. They set the strategic goals and then they fund that basic research. Academia uses that information to be able to advance knowledge and so the funding might come from the government through the National Institute of Health or through the National Science Foundation or other agencies and academicians apply to those agencies, get the money, and they go and do the basic explorations so that knowledge is advanced to the fundamental level and they also train the next generation of scientists, so that this is something that can be an ongoing exercise. Now, corporations take that information and they apply it, so that nobody else can create the medicines that neither the government nor academic institutions have the capacity to be able to come up with new chemical entities to be able to go through the sequence of some very complicated steps before it can be brought to the market and so industry has to be able to conduct the research to be able to translate the new information and to bring together say experts in medicinal chemistry, in safety, regulations, and all of that and to be able to bring novel medicines that would enhance the health of the population, and in my role, what I saw as the exciting challenge was to be able to contribute to a significant degree because of my previous experiences and the knowledge that I have been privileged to have to be able to contribute at a different level, and you know I jokingly say this is the afternoon of my life and I could have taken a fiesta or taken on some new challenges and this opportunity came by and I thought well this is going to be fun, so I jumped.

**Dr. LESLIE LUNDT:**

So what you missed the most about academia?

**DR. PHILIP NINAN**

Well, there are several things that I will miss about academia. I think one as you know, at heart I am a clinician, so I really miss the patients. There is something about dealing with you know and I think as a psychiatrist we are privileged to have people open themselves to us, so we can live so many vicarious lives through the challenges that our patients, their pain, and suffering and how they deal with it and it is really humbling to be in a room when people are struggling with these issues and I miss that. They taught me a lot, all of the stuff that we have talked about in terms of how the mind emerges from the brain activities, those of kind of things were really based on what I learned from my patients and then of course the students. You know students have this youthful exuberance and they are not burdened by a lot of knowledge, so they ask critical questions at the joints at which our arguments are the weakest and you know force you to be able to articulate things, which sounds very different compared to if you are reading it in a book or you are hearing it or you are trying to put a story together. So, I miss the students and then I think the third thing that was different in academia compared to industry is that in some ways in academia you go for knowledge for the sake of knowledge. You go where your nose leads you and I remember my chairman, Charlie, you know Charlie Nemeroff. You know, I was complaining to him that he was not enamored enough with the brilliant idea that I had and he says I do not care if you study moonbeams. You can study whatever you want. The only criteria that I would have is that you are able to convince somebody so that you get funding for it. So, there were really no boundaries beyond those kind of issues, but in industry it is much more applied. There has to be a practical relevance to the information that we are trying to put together. So, there is a grounding that happens in the role that I have and so that is the kind of transition and the difference that I would see in my life.

**If you are just joining us, you are listening to the clinicians roundtable at ReachMD XM 157, the channel for medical professionals. I am Dr. Leslie Lundt, your host, and with me today is Dr. Philip Ninan. We are discussing his career change from Emory professor to industry. Now, he is Vice-President for neuroscience in global medical affairs for Wyeth Pharmaceuticals**.

**Dr. LESLIE LUNDT:**

On the flip side, what has been the most difficult things to get used to working for industry?

**DR. PHILIP NINAN**

You know I would say I was incredibly naive when I made the jump and in some ways I was jumping into an ocean and all I saw was surface of the water and the sky above.

**Dr. LESLIE LUNDT:**

And that all the sharks.

**DR. PHILIP NINAN**

That is right and now suddenly you know it is like a barrier reef and there are fish swimming around with incredible colors and just a whole new vibrant life that is out there and I think most people really do not fathom the complexity of the matrix that is the pharmaceutical company. Our task is to be able to come up with medications that would be considered a value to society and so there is whole pipeline from what is called discovery where you have people who are coming up with a new chemical entity, new molecules, and so these are medicinal chemists or these days there is lot more of what are called biopharmaceuticals, so vaccines, they are made by living organisms or you know antibodies that are being used to treat illnesses and they come up with these treatments and then they have to be developed, they are to be tested on animals to show, you know, an animal models of illnesses that they are going to be effective. We go into starting it in humans initially for safety reasons and then efficacy for the people who have the illness and then the threshold required for regulatory approval. So, we have clinical research and development that do the phase 2 and phase 3 studies, and in our system, what happens is that the point that they are putting it up for regulatory approval, they hand the molecule or the medication over to medical affairs, which manages the medication through the life-cycle of the medication. Now, in a way this is the core aspect of what is being done, but there is a whole surrounding and supporting organizations, say regulatory the deals with the FDA not just for approval, but also in terms of what can be used in promotional information, what goes into the label, the prescriber information that you have anytime you buy a medication. You have to monitor safety you know. When medicines come in the market, they might be studies in a few thousand patients, when they are on the market, you know tens of thousands, hundreds of thousands, potentially millions of patients can be on it and you have to be able to see when you scale up to that level whether there are signals that might not have been picked up earlier on. So, there have to be prospective monitoring of these systems, and then of course, we live in a legalistic environment. There is corporate infrastructure that is needed, policy, public relations, the whole commercial bit of all of this. So, this is the complexity of pharmaceutical company and it is really quite difficult to try and figure out the relationships of all of these things and I was fortunate that I had some wonderful mentors and I developed some friends who had a lot of experience in the industry and they kind of guided me through the issues that really one needed to work through, and like anything else, in any large organization, I mean, there are people. People do not necessarily behave in a rationale manner. Now, in academia, I remember I think it was Kissinger who said you know the battles in academia are so brutal because the issues are petty. One had to learn to deal with people and actually that came in a very good help for me because of the relationships that I now had to develop, how you are able to get things through because you have to develop alliances and issues like that. So, on the whole it has been a lot of work trying to understand the complexities of the system and to be able to have the relationships so that I could make a difference and that has basically been the big challenge coming into industry.

**Dr. LESLIE LUNDT:**

And it sounds like your background as a psychiatrist, did not hurt a bit.

**DR. PHILIP NINAN**

Not at all.

**Dr. LESLIE LUNDT:**

Well, I am glad you are thriving. It looks good on you. Thanks so much for being on our show.

**DR. PHILIP NINAN**

Thank you.

We have been speaking with Dr. Philip Ninan about his transition from academia to the pharmaceutical industry. I am Dr. Leslie Lundt; you have been listening to the clinicians' roundtable on ReachMD XM 157, the channel for medical professionals. To listen to our on-demand library, visit us at reachmd.com. If you register with our promocode radio, you will receive 6 months of free streaming to your home or your office. If you have comments or suggestions or any questions, give us a call at 888 MD XM 157.

Thank you for listening.

This is Dr. Don Kennedy with Babbit, LLC in Port Charlotte, Florida, and you are listening to ReachMD XM 157, the channel for medical professionals.

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This is Dr. Mark Nolan Hill. This week we will be speaking with Dr. Hugh Herr. We will be talking about the story of double amputee, Oscar Pistorius' pursuit of an Olympic dream.

This is Dr. Leslie Lundt. Join me this week in our special segment on health policy where my guest will be Julie Solomon. We will be discussing what she calls institutional host versus graft disease.

I am Dr. Matthew Sorantino. Join me this week and I will be speaking with Dr. William Nasale and Dr. Kevin Flut who will discuss the issue can computer hackers control your pacemaker or implantable defibrillator.

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