

BioSummit 2008

– The state of the biotech industry and its key challenges

More than 100 guests attended the 8th annual Novo BioSummit in 2008. The topics presented and discussed by a panel of seasoned pharma, biotech and venture executives, included deal making, mergers & acquisitions and commercialisation.



Lee E. Babiss
Ph.D., Global Head, Pharma Research, Roche on the state of the pharma industry on his and Roche's vision for 'Externalising R&D':



Karen Bernstein
Ph.D., Co-Founder, Chairman & Editor in Chief of BioCentury, on the challenge facing the pharma industry:



" We execute creative deal structures tailored to each partner. These cost more, but ensure that we also meet the needs and growth ambitions of partner companies."

" The 'knowhow' in the biotech sector is significant – big pharma recognises this and will partner with biotech to jointly drive the discovery of differentiated medicines."

"To help drive our future growth, we recognise that gaining access to external innovation is crucial."

" ...with an absent IPO market you need to share risk along the value chain."

" ... the industry must align itself better with public health authorities, build relationships with payors and patients, push for individualised medicine, get focused back on new science and avoid rigid thinking."

" ... change your image – you need to look more like you are working for the public good."





Jacques Theurillat
former CFO, Serono SA



*“ My mottos are
‘cash is king’
‘no sales, no salvation’
‘managers should be judged by
the facts’ ”*

*“ Innovation is critical in all functions.
Don't be afraid to be unique.”*



David M. Lawrence
M.D., retired Chairman and
Chief Executive Officer of
Kaiser Foundation Health Plan,
Inc. and Kaiser Foundation
Hospitals on who is paying the
health care bills in 2020?:



*“ The rate of innovation and discovery is unprecedented
but the health care system is not longer capable of
incorporating it.”*

*“ ... you must consider reimbursement early in the
development process, and perceive patients and payors
as partners.”*

*“ 30-50 cents of every dollar is
wasted on misdiagnosis and
poor quality.”*

*“ The sovereignty of the physician is eroding as consumers
are less willing to accept one doctor's assessment.”*



Anil Gaba
Professor of Decision Sciences,
Orpar Chaired Professor of Risk
Management, Dean of Faculty,
INSEAD, on the systematic
biases we all exhibit when mak-
ing decisions under conditions
of uncertainty and risk:

*“ ‘Overconfidence Bias’ results from being overconfident in
abilities, setting low estimates too high and high estimates
too low.”*

*“ The first offer is extremely important and very influential;
‘Anchoring Bias’ occurs when we use an initial estimate as a
starting point, and adjust our estimate from that anchor.”*

*“ Think about extremes before
committing to averages.”*

*“ Investors often show the disposition effect by selling perform-
ing assets too soon and holding on to their losses too long.
They will not sell anything at a loss and are likely to throw good
money after bad money. Loss aversion can lead to escalation
of commitment and sub-optimal portfolio decisions. You can
see this when corporate executives find it difficult to terminate
losing projects.”*

