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Life sciences firm's new CEO talks expansion plans during Covid-19 pandemic

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Grow the biopharmaceutical business. Break into new geographies. Hire up.

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Dr. Christine Dingivan took over as president and CEO of Rockville contract research organization Emmes at the end of September.

Those are among Emmes President and CEO Dr. Christine Dingivan's priorities less than a month into the job at the helm of the Rockville company, which conducts clinical research and trials for public and private sector customers, including for Covid-19 treatment candidates of late. Dingivan — a private equity and biopharmaceutical industry veteran and, now, first-time chief — succeeds Anne Lindblad, who retired at the end of September after nearly four decades with the company.

"We had a terrific alignment of mission," Dingivan, who started in late September, said in an interview. "I felt that Emmes shared my passion around public health — diseases that are particularly challenging in this world, and Covid is one of them."

Dingivan most recently served as head of global drug development for Switzerland pharmaceutical giant Novartis International AG (NYSE: AVS). Before that, she was chief medical officer and global head of strategic client solutions for North Carolina research company PPD Inc. (NASDAQ: PPD), and spent 12 years at

MedImmune, now part of British biopharma AstraZeneca PLC (NASDAQ: AZN). She received her medical degree from Dartmouth Medical School and holds a bachelor's in bioengineering from the University of Pennsylvania.

She joins the company during an aggressive hiring spree that has added more than 150 employees, bringing its total count to nearly 800 full time. She plans to keep that up through December, filling openings for both clinical research positions and business roles "so that we position ourselves for scalable growth in the future and we do that a bit more efficiently than we do it now," she said. Emmes, which logged $125 million in revenue last year, will also build out its statistics and data analytics capabilities, she said.

After spending her first few weeks on the job identifying her focus areas and getting to know her team — remotely, at least — she spoke with the Washington Business Journal about how the global health crisis has affected the business and what's next for the industry. We've edited this interview for length and clarity.

What are your initial top priorities in this role? I'd love to see the expertise of Emmes be shared with the broader biopharma industry, because right now, the biggest part of our business is with the U.S. government. I see this passion and mission around public health to be expanded beyond where we are now, as we grow that biopharma business and that client base.

What else? I would love to see Emmes grow its footprint a bit more geographically. I think there's an excellent footprint between North America, the U.S. and Canada, as well as an office in India. But I think there's room for us to expand into the U.K., EU, other areas that do exceptional work in clinical research and in public health.

What's driving the company's growth? I think it definitely is partly due to the pandemic research. Since we were already a very established partner with the [National Institute of Allergy and Infectious Diseases], I think people — the community of researchers and companies that had drugs to potentially treat Covid-19 or even vaccines, to prevent it — knew that we had expertise.

What other dynamics have changed during the pandemic? Typical biopharma clients wanting to leverage that expertise, because no one really had experience with Covid-19. So there was also expansion, not just of more government work for us but also more of the nonpublic sector. The typical biopharma was reaching out and saying, "Can you help us develop this drug, this therapeutic, for Covid-19?"

What do you see as your biggest challenge in the current landscape? We've had to reengineer process, and we've had to immediately get IT equipment to associates. We did not have a huge remote workforce before the pandemic. Logistics would jump out to me as No. 1.

What has been the immediate impact to the industry? Our industry in general has had some delays because of the pandemic — not being able to go to research sites to do the work of collecting the data and checking on the quality of the work down at the sites. We had to learn how to use remote tools there in order to get the job done. Being able to still ensure the conduct of clinical trials during a pandemic requires a lot of different adjustment.

What has changed long term? We've seen greater embracing by the regulatory authorities, of new ways of doing the same things — leveraging digital technology and things that may have taken a slower curve to get them adopted. Our industry overall has advanced in that way, as a result. So we've had to really speed up the deployment of some of those new tools.

What are some examples? The adoption of telemedicine as a part of a clinical trial experience, not just a part of our own personal medical care. Now we're starting to be able to use that in the clinical trial process as a replacement for a face-to-face visit, which in the past was not acceptable, but now we're seeing increased acceptance of that. Another is using wearable technology, just general digital devices to do things like routine vital signs monitoring.

Do you think the industry will function differently going forward? I do. I wish we didn't need a pandemic in order to make these

advances. But I think it has moved us forward in a way that needed to happen.

What happens next? I don't think we're ever going to go back to the way we were. I think these things will become permanent in how we do our work. I think we will increasingly do the work of clinical research in a remote environment. And I think that's good, because we could democratize the field a bit; more people will be able to participate in it, and that's good for health care in general, because there will be new treatments — I hope — as a result of a broader net being cast.

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