



Kate McKeown: Growing with Aimmune

Profiles In Company

In our series of getting to know the people of Aimmune, we go to our London office to meet Kate McKeown, one of the longest employed members of Aimmune, who has changed roles to meet the challenges of a growing company.

A: Where were you born?

K: I was born in a place call Amersham, which is in the south of the UK. My father was a banker, so we travelled around quite a lot. His job first took us to Hong Kong for about 18 months, and then on to Australia. I've got Australian citizenship, which I would love to use one day!

A: And do you have a family?

K: Yes I do, I have a husband and two boys, who are 11 and 10.

A: Do you have any personal connection to the peanut story?

K: No, not particularly. But some of my friends' kids have allergies of various sorts and when they come around to play, they have their adrenalin pen and you have to be very careful around the food you have at home. I remember when I first heard about Aimmune's approach to peanut allergy I thought it would be quite a simple therapy area to work on; but I have to say I was absolutely wrong! (laughs) I think it's probably the most complex therapy area I've ever worked on which is saying something!

A: I understand you are one of the oldest standing employees in the company. When did you begin working for Aimmune?

K: I joined just over 3 years ago, in May 2016. When I joined we were in the Kings Cross office. It seemed like a ridiculously large space for the number of people we had at the time! There were probably about six of us. And since then we've grown so much we've moved to the Paddington office.

A: I also heard that in the time you've been at Aimmune you've moved into different jobs as well. So tell me what you started doing and how you moved to where you are now.

K: Sure - so I was recruited as Director in Clinical Operations for Europe. When I joined there was me and two others in EU Clin Ops; it was just the three of us. My role was to get us through the European part of delivering the Palisade study and also to grow the team to deliver the rest of the AR101 clinical program in Europe: the ARTEMIS study, 004, 009, and various other bits and pieces, 005. So, since May 2016 I grew the team to probably around 25 people! The team changed very dramatically. I have to say they are a really great team of people. They work so hard and they're really really nice as well; a great group of people.

A: That's a great jumping off point to tell us a little more: as Aimmune has grown and you've gone into Europe what are the differences between say, from England and what you're doing in Germany and France, etc.

K: Yeah, I mean, the studies kind of remain the same; but I think what it does show is how running the studies require quite different practices in some of the European countries. For example, in France they do what we call home brew, where they chop up little bits of peanuts and it's very uncontrolled. It's really widespread throughout the country. And then in terms of patient enrollment we have some countries, like Germany, where they're incredibly efficient with the way that they manage their patients. They manage to see quite a number of patients and they schedule them one or two days a week; whereas in some of the countries it's not quite as efficient, although they deliver a large volume of patients. You definitely see the differences there. But each country is very enthusiastic about participating in our studies. We've certainly had to manage some disappointments when we haven't been able to include all the sites that we wanted to.

A: And then I understand you had another change in your job, about nine months ago?

K: Yes. I moved out of Clinical Operations into Becki Filice's group, the Product and Portfolio Management group. So now I work as a project manager which is great because I really wanted to gain exposure to other parts of the business. I've been very lucky to have been assigned two great projects: the first one was I worked on the MAA submission with the European team and many US colleagues. Learned a ton of things. And the second one is working with Paul and the European commercial team preparing for the initial launch of AR101. I'm working with Market Access, Medical Affairs, Commercial and getting a completely different insight into the business and the timings and all the considerations within Europe, let alone the considerations across Europe and the US.

A: Right. Okay, so now – would you be willing to take the Proust Questionnaire?

K: Oh yeah, yeah, yeah – that's fine.

A: What is your current state of mind?

K: Busy!

A: What is your most marked characteristic?

K: The fact that I love shoes. Shoes are my thing.

A: Which living person do you most admire?

K: I'd have to say – well, this is a kind of a group of people. If you know about the UK's National Health Service all the junior doctors and HCPs are unbelievably committed and work incredibly long hours . The health service we have in the UK is unbelievable: it's free at the point of service and whatever your background or level of poverty / wealth you will be treated. It might not be the best health service, but it's staffed by people who give so much of themselves and are paid relatively low wages... I would say that.

A: What do you consider the most overrated virtue?

K: Perfectionism. That's a killer, destroyer of souls.

A: What do you most value in your friends?

K: A great laugh and mischievousness.

A: What is your favorite journey?

K: Anywhere that involves going on holiday.

