

# ROB SCOTT MD

B.Sc.(UCT) M.B.Ch.B.(UCT) Dip.Med.COG(SA)

O: +1(805)447-2451

ROB.SCOTT@AMGEN.COM

M: +1 (b) (6) (b) (6)

## EXECUTIVE SUMMARY

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(b) (6) (b) (6) born physician with 24 years in leadership positions in the Global Pharmaceutical Industry in the US, Europe and South Africa. Broad range of experience across the entire spectrum of drug discovery and development, strategic lifecycle planning and medical marketing in the world's leading pharmaceutical companies as well as emerging biotech companies. Impressive record of accomplishment and innovation in regulatory strategy and clinical trial design in diverse therapeutic areas. Set up and ran the largest, most innovative clinical program in the industry. Involved in leadership roles with the industry's largest and most successful pharmaceutical product launches. Proven leadership ability across a wide range of activities:

- Manage and develop team resources in complex environments with multiple and diverse stakeholders.
- Well established, valuable relationships amongst Regulators and Scientific Opinion Leaders.
- Ability to interact effectively with the financial analyst and investor community.

Began industry career as the Medical Advisor of a small affiliate of Johnson & Johnson in South Africa and became the Worldwide Medical Therapeutic Head for almost half of the total Pfizer pharmaceutical business. Has been involved with, and led parts of, the Medical and Marketing strategies of what was then the world's largest cardiovascular product (Norvasc) and what is still the world's largest pharmaceutical product (Lipitor), both products from pre-launch to peak sales. Set up and directed the largest, and possibly the most innovative, clinical program ever - 80,000 patients in long-term clinical trials for Lipitor alone. Initiated and developed the first ever "polypill", a combination product of drugs from two different therapeutic areas, by successfully convincing the FDA on the validity of combining an antihypertensive agent with a lipid-lowering agent to create Pfizer's Caduet. Became an expert in large clinical endpoint studies as well as in the use of advanced imaging surrogates such as IVUS, QCA, CIMT, FDG PET and MRI. While at J&J and Pfizer, was involved with almost every therapeutic area and mode of drug delivery as well as with both small molecules and biologics.

In 2002, left Pfizer to join AtheroGenics, an emerging Pharma company in Atlanta Georgia. Expanded areas of responsibility to include such diverse areas such as Toxicology, Formulation Development and Manufacturing and learnt the Investor Relations skills required as an Officer of a publicly traded company. In 2005, took over responsibility for the overall Research & Development organization and the discovery and development of small molecule programs in inflammation from Screening to Phase IV. Guided the product development teams for cardiovascular and diabetes programs from Phase II through Phase III, a rheumatoid arthritis program in Phase II, solid organ transplant rejection in Phase I and asthma in preclinical development. Set up and managed the due diligence process at Atherogenics and was one of the key players in all business activities, including the collaboration with AstraZeneca.

In 2008, moved to Cerenis Therapeutics, the leader in HDL therapy, based in Toulouse, France, to be the Chief Medical Officer and Head of Development. At Cerenis, broadened experience to include Biologics and injectables. Left Cerenis in 2010 to join Amgen as Vice President Global Development, Cardiovascular Therapeutic Area Head.

Has a unique set of skills and experience in the pharmaceutical industry including Big Pharma, both US and Global, and Biotech Industry. Wide range of leadership at a senior level from established big pharma experience to emerging biotech.



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(b) (4) and (b) (6) AtheroGenics subsequently went into bankruptcy.

ATHEROGENICS AUGUST 2002 TO MAY 2006



SENIOR VICE PRESIDENT  
CLINICAL DEVELOPMENT & REGULATORY AFFAIRS  
CHIEF MEDICAL OFFICER

In August 2002, I joined AtheroGenics to manage all aspects of Drug Development from the point of nomination out of Discovery. I was motivated to move to AtheroGenics by the novel pipeline, which included (b) (4) and the opportunity to learn a vastly expanded role in drug development. This role included the responsibility for CMC (including drug substance synthesis and drug product formulation), Toxicology, Biometrics, Regulatory Affairs and all phases of clinical research. At the time there was a candidate (b) (4) (b) (4) during my tenure at AtheroGenics, we took an additional candidate into Phase II in (b) (4) (b) (4) (b) (4)

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PFIZER  
VICE PRESIDENT, WORLDWIDE THERAPEUTIC HEAD  
CARDIOVASCULAR AND METABOLIC GROUP

OCTOBER 2000 TO AUGUST 2002

In 2000 I was promoted to Vice President, Worldwide Therapeutic Head of the Cardiovascular and Metabolic Group.

In the second half of 2000, Pfizer made a widely publicized acquisition of Warner Lambert. I played a leading role in the integration of these two large pharmaceutical companies as chairman of the Clinical and Outcomes Research Integration Committee. This Committee designed and facilitated the integration of the Warner Lambert medical group into Pfizer. After the integration, there were three Group Leaders reporting to me, Atherosclerosis (Lipitor, Caduet), Diabetes (Glucotrol XL and Exubera) and Cardiovascular (Norvasc, Accupril and Tikosyn) as well as a Senior Medical Director who provided support to other therapeutic areas who needed cardiovascular or metabolic expertise. I managed a headcount of over 120 people in New York, Ann Arbor and Freiburg Germany. The group was responsible for a clinical trial program with over 120,000 patients participating in long term clinical studies and an annual budget of approximately (b) (4)

The product concept for Caduet and all of the development was conducted out of this group. My group also provided medical support to products in early development, providing commercial medical expertise to PGRD (Pfizer Global Research Division). We supported the development of (b) (4) (b) (4) (Chantix), a partial nicotine agonist for smoking cessation. We also supported the evaluation of a number of licensing candidates and provided expert opinion on cardiovascular issues relating to non-cardiovascular products such as Celebrex and Viagra.



PFIZER  
MEDICAL DIRECTOR  
CARDIOVASCULAR RISK FACTORS GROUP

JUNE 1996 TO OCTOBER 2000

ROB SCOTT MD

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In June 1996, when Pfizer signed the deal to co-promote and co-develop Lipitor, I became part of the Lipitor Joint Operating Council (JOC) that was responsible for managing the global co-promotion between Pfizer and Parke Davis. (b) (4)

The JOC was made up of approximately 6 representatives of Pfizer with matching representation from Warner-Lambert. Lipitor was launched in the US on (b) (4) and within a month, by March 28th, had achieved a weekly (b) (4)

While working on Lipitor, I helped create an unprecedented, class leading clinical trial program to evaluate what were considered to be the most important unanswered questions in lipid lowering therapy. (b) (4)

Pfizer, I played a key role in designing and implementing this program and a number of the studies were specifically conceived, designed and implemented by myself. I was personally involved in the design and implementation of a number of (b) (4)



PFIZER  
SENIOR ASSOCIATE MEDICAL DIRECTOR  
CALCIUM CHANNEL BLOCKER TEAM

SEPTEMBER 1994 TO SEPTEMBER 1996

In September 1994, I was transferred from Pfizer South Africa to the Pfizer US Product Group in New York. Initially I was one of two Team Physicians in the Arthritis Disease Management Team that was preparing to launch (b) (4)

(b) (4) During December 1994, I was transferred to the Calcium Channel Blocker Group, in order to better utilize my previous experience in cardiovascular drug development. When I joined in 1994, the Calcium Channel Blocker Group controlled business in the United States of approximately (b) (4) in sales of Procardia XL and Norvasc. My specific areas of responsibility were Outcomes Research, Interactions with Managed Care, Sales Force Training Activities and participating in the Dofetilide Development Team. (Dofetilide was a Class III antiarrhythmic drug that was launched under a FDA selective availability agreement).



PFIZER LABORATORIES SOUTH AFRICA  
MEDICAL DIRECTOR  
MEDICAL DEPARTMENT HEAD

1992 TO 1994

During this period, I was employed as the head of the Medical Department in Pfizer Laboratories in South Africa. Pfizer had an unprecedented new product pipeline and had recently launched a calcium antagonist (Norvasc), an oral and parenteral antifungal (Diflucan) and an alpha-blocker (Cardura). This required increased Medical support in a company which internationally prides itself on effective Medical/Marketing interaction. While I was at Pfizer, we successfully registered and launched Zithromax for adults and children (a once daily antibiotic given for three days) and Zoloft (a SSRI for depression). During this time, the Department increased from four to twenty six, including five physicians. Although the local affiliate had not been involved in any Phase II and III studies to that date, I was able to successfully persuade Pfizer management of the value of performing early research in South Africa. By the time I left, Pfizer SA was conducting a growing number of early phase programs and was the only local affiliate of Pfizer to do so. I was responsible for managing the Medical Research and Development Division, negotiating approval of new products, reviewing and approving all promotional material, product promotion through scientific

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and academic channels, creation of advisory boards to assist in strategic and promotional planning and product and technical training of the sales force.

I left Pfizer South Africa on transfer to Pfizer US Product Group in New York.

**OTHER INDUSTRY POSITIONS**



AN AFFILIATE OF JOHNSON & JOHNSON  
MEDICAL ADVISOR

1987 To 1989

At Janssen, I set up and ran clinical programs on anesthetic agents (haloperidol, fentanyl, sufentanyl), anti-infectives (itraconazole), (b) (4) and risperidone), (b) (4) (neбиволol, (b) (4) antihelminthics, antihistamines and other agents. I also provided medical support for marketing in those areas where we had approved products (anesthetics, antifungals, antihistamines). This was a unique learning experience in a wide variety of therapeutic areas.

While I was at Janssen, I was successful in setting up South Africa as the sixth largest contributor to Phase 1 through Phase 3 research within the global Janssen Research Foundation. These extensive research activities, funded from (b) (4) created tremendous visibility and synergies for the local sales and marketing group with opinion leaders in South Africa.

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**EDUCATIONAL QUALIFICATIONS**

**SCIENCE**

B Sc - University of Cape Town

**MEDICINE**

M B Ch B - University of Cape Town

**POSTGRADUATE MEDICINE**

Dip Mid COG - South African College of Medicine

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