

## A commander in GSK's air corps

**G**laxoSmithKline's Jorge Bartolome is the rare pharma exec whose professional geographic highlight reel aligns neatly with his personal one.

Caracas was the site of his wedding and of a stint as a GSK regional marketing director. His time in Mexico City, sandwiched among stays elsewhere in Latin America as well as in Europe and Asia, saw the birth of his daughter and a more advanced position in the company's marketing hierarchy. His residence in Singapore coincided with the birth of his son and his promotion into a general manager role, one in which he oversaw operations in Southeast Asia.

Such are the travels of a GSK lifer, a Chilean by birth who joined the company's management development program straight out of Duke University and hasn't harbored any real thought of leaving. In his 21 years at GSK, Bartolome has worked in a wealth of roles and on four continents, serving as a pivotal figure in the launch of products and internal teams alike. To put it another way: If Jorge comes, he will build it.

"The idea behind the management program is to give people not just discipline breadth but also international breadth, which generally isn't something the [pharma] industry does very well," Bartolome says. "Getting that opportunity to view healthcare delivery systems around the globe—single-payer systems, multi-payer systems, cash-pay systems, combined private/public systems—makes you a much more well-rounded leader."

As the senior vice president for GSK's US respiratory franchise—he returned to the country of his college education six years ago, charged with transforming the US commercial organization—Bartolome holds a crucial job within the company.

**"You hear a lot about diabetes and breast cancer, but more people die of COPD"**

**Jorge Bartolome**  
SVP, US respiratory,  
GlaxoSmithKline

**2007–2008**  
Commercial strategy and sales  
lead roles, US

**1992–2007**  
Managerial roles, global



The respiratory franchise, long a GSK strength, is under as much siege as it's been at any time in recent memory. Advair, an \$8-billion-per-year blockbuster that represents nearly 20% of GSK's overall sales, went off-patent in the US in 2012. While the Advair Diskus delivery device is safe until 2016 (and, like most inhalers, isn't easy to copy), competitors are angling for a larger slice of the lucrative COPD and asthma markets—like Teva and Boehringer Ingelheim.

The launch of Breo Ellipta in the US, and the recently received FDA thumbs-up for Anoro Ellipta—both for COPD—potentially provide a hedge against the erosion of Advair by generics. Breo met its primary endpoint in an asthma trial for US approval, and two other new products, also to be delivered via Ellipta, are still under FDA review.

Nonetheless, owing to his unflinchingly optimistic nature and roll-up-your-sleeves mentality, Bartolome comes off as far more excited than cowed by the competitive landscape.

"We look at it as an opportunity," he explains. "I know everybody says that, but there's a significant unmet patient need. Take COPD—in the US alone, there are 27 million COPD patients, about half undiagnosed. You hear a lot about diabetes and breast cancer, but more people die of COPD than of diabetes and breast cancer combined."

That need, and the potential patient relief that would come with meeting it, keeps Bartolome engaged. "The work we do here is important not just to the patients we serve, but to society in general," he says. "If that doesn't motivate you, I don't know what will."

But he also has his sights trained on the bigger picture, especially how changes in the US healthcare environment will affect the way GSK goes about its business.

"As we knew our respiratory pipeline was progressing—we've been developing Ellipta for over a decade now—we also knew we'd have to commercialize it in a [healthcare] system that looks very different than it did a few years ago," he continues. "We're evolving our commercial model along with it. That's as big an opportunity as you can have."

—Larry Dobrow

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