EP.67 – Jeff Galvin FINAL

Narrator: You're listening to *BioTalk* with Rich Bendis, the only podcast focused on the BioHealth Capital Region. Each episode, we'll talk to leaders in the industry to break down the biggest topics happening today in BioHealth.

Rich Bendis: Hi. This is Rich Bendis, your host for *BioTalk*. And we're doing something that we normally don't do, but we only do it with special guests. And that's have a repeat performance. And we're bringing in someone who is very active in the BioHealth Capital Region. And the company's progressing significantly. So, we thought it was time for an update. We have CEO and Founder of American Gene Technologies, Jeff Galvin, with us today. Jeff, welcome back to *BioTalk*.

Jeff Galvin: Thank you, Rich. I am honored. I did not realize that it was an unusual, special honor to come back a second time. But I gotta say that I was really looking forward to it. I loved our last conversation and it's great to talk to you again. So, thank you very much.

Rich Bendis: Great to talk to you virtually and remotely, just like everybody else is these days.

0:01:03 But you know, we probably have a number of listeners who did not get to hear us the first time, Jeff. So, we're gonna pretend like nothing's repetitive. And we'll do it as if it's the first time. And for those who don't know anything about you personally or what AGT does, let's talk a little bit about your background first. A little bit about Jeff Galvin's professional background and how you got into this biotech world.

Jeff Galvin: Sure. So, I grew up in the suburbs of Boston. A town called Lexington. You know, the shot heard round the world. Lexington Minute Men. Concord Minute Men. Revolutionary War. And great school system. And I, as a seventh grader, had the fortune in the early '70s running into computers in the school. And that was very unusual at the time. And I just absolutely fell in love with technology at that point. I learned a little bit about computers and I just saw a future where computers were doing so much for individuals and bring so many benefits.

0:02:04 And I just was smitten. And I got really deep into that technology in junior high school and in high school. And I ended up teaching at MIT and

Harvard before…graduating from Harvard in 1981. So, I'm an old, old guy. [laugh]

Rich Bendis: Younger than I.

Jeff Galvin: Uh…really? Okay, well you look good.

Rich Bendis: Yeah.

Jeff Galvin: If I look as good as you I'm happy.

Rich Bendis: Good. Thank you.

Jeff Galvin: Anyway, I got recruited by Hewlett-Packard in Silicon Valley. And that was for a programming job and quality assurance. And I realized that that was not really consistent with my love of technology. Cause what excited me about technology was that I saw it growing and getting into everything and I was sort of a natural evangelist for it. So, I ended up going to Apple and that really just connected with my core viewpoint on technology. That the value of it is the value that it creates out in society.

0:03:01 And I think that Apple had a unique vision that this technology could get into every home and in fact, every pocket. And they were one of the few companies that was really looking that far ahead. So, it was kind of a really exciting place to work. So, after Apple I went through a series of startups. Some of them hit. I was really good at figuring out technology curves and also predicting real estate markets, so I made a bunch of money in the real estate market in Silicon Valley along with internet, software, and computers. All the startups that I went through. Enough successes and not too many failures. And I look at my bank account in my early 40s and I realize I don't have to work anymore. I can retire. And it sounded attractive. You know, I'd always wanted to retire early. And it's not all it's cracked up to be. I really…after five years, I mean I did it for a while. But after five years I was missing the stimulation for the brain. I was living between Silicon Valley and I had bought a home across from the beach in Maui.

0:04:01 And it really was an idyllic retirement. But I would say that until you're really running out the clock, it's tough to be that inactive. So, I wanted to dabble in technology again. And I floated the idea that I could invest in a software startup or something. Or applications or internet apps. And a

business plan came over-the-transom from National Institutes of Health. Here in Bethesda, Maryland. So, I'm out in Silicon Valley and somebody connects me with a guy named Roscoe Brady at NIH. And I come out here and it was intriguing. It was about genetics. And I was fascinated by genetics anyway. But what he showed me was viral vectors. And it was just in a moment of epiphany when he explained to me that you can crack open viruses, scoop out their viral DNA that hijacks yourself for some malevolent purpose. And you end up with an empty delivery vehicle like a Stealth Bomber that can deliver whatever you want.

0:05:00 Then you can put something in that would benefit you health wise. So, coming from my background, I immediately recognized what he was talking about is we can convert viruses into updates for the human computer. The human cell. The DNA is like the operating system of the cell and now we can improve it. We can fix things that are broken. Once I thought about that…just remembering my 10th grade biology…that's all I needed. And I just saw this incredible world stretched out in front of me where this is gonna revolutionize pharmaceuticals. This was back in 2006. There wasn't a huge interest in it at that point. But I just believed in it. And that's how I started AGT. So, my background really is heavy duty computer science. My degree from Harvard is actually in economics. I think that's good for business. You know, just sort of general modeling. And then I think that my experience…which was really interesting as far as the biotech world goes. Cause coming from computers and software, I had a different paradigm in my head for how to play the long game in gene and cell technologies.

0:06:04 I founded the company to leverage this new power to reprogram DNA to maximize it to reduce suffering and reduce death. Early death from serious human diseases. And so, this mission was very, very broad. And the way I looked at implementing it was efficiency. Right? The key is to be the most efficient developer of software for the human machine. And who did that in the last software revolution? Microsoft. And what made them more efficient? The operating system. And so, we started immediately to do tons and tons of experiments with the only purpose being to accrue components that you can mix and match to cure a myriad of diseases. And to become the MS-DOS of this new drug development world. Now we sit at the precipice of going into the clinic on a monumental potential therapeutic.

0:07:06 A potential functional cure for HIV. We've now been approved by the FDA to move forward into that clinical trial. And my confidence is quite high on that. But how did we get there? We got there by building all the components and then seeing a path all the way to the solution and knowing that we could plot that whole thing out. Because we had so much of it already debugged at the bench at a component level. And then you could piece them together, add a few little creative bits here and there, and we knew we could bridge that gap and we felt that we had very, very high confidence that we could do that. And the cost of it is probably…in retrospect, when we go out there and we deliver this thing… So, if it works, we got there on about one tenth the cost of any other gene or cell therapy in the industry. So, that's sort of like the history and how I got to AGT.

Rich Bendis: You got to where you are now. But a couple things there.

0:08:00 And number one, we'll go back to NIH and ask did you actually license a technology from them to get you into this world? Or what was the NIH connection to get AGT started? And then I guess the analogy I would make is your operating system analogy is sort of the platform analogy you have in biotechnology. So, very close. So, what did you do with NIH in order to get started or did you do nothing with them?

Jeff Galvin: So, Dr. Brady, formally had cured Gaucher disease. And he was doing it with the enzyme replacement. So—

Rich Bendis: Right.

Jeff Galvin: —you take the gene product and just inject it every day and the people are no longer absent that product. And they are basically cured, or functionally cured. And he was thinking about better ways to do it. A one and done treatment with these viral vectors. And he did all this [0:08:47] research in lentiviral vectors. And he'd gotten to retirement age. So, he was gonna step out of it. And they were closing down his lab. And I looked at that and I said, "I think you're about to throw away the most valuable thing I've ever seen."

0:09:00 Cause lentiviral vectors at that point were really quite new. And they had a lot of really good attributes that I can sort of understand from the software standpoint. And delivery standpoint. I said, "Well, what are you

gonna do with all this stuff?" And they said, "Nothing." And I said, "Could I have it?" And they said, "Yes."

Rich Bendis: No! [laugh]

Jeff Galvin: They just said, "Yeah. You can have all the plasmids. You can everything that's in the lab. Why don't you hire some of the postdocs and continue it?" And that's basically what I did. So, we got the most advanced plasmid system on the planet at the moment. But it isn't really the foundation. That exact plasmid system wasn't the key thing. The key thing was that we had early access to lentiviral vectors in general and started doing a lot of very advanced experimentation in 2006. And building up a portfolio of intellectual property on that. It's the components that are built on top of lentiviruses that were important to me. Cause the way I saw lentiviruses…oh, those were just the delivery mechanism.

0:10:02 They were the transport layer of this new software industry, right? So, you know, lentiviruses were like paper tape and AAV was like punch cards. I knew better things were coming. The floppy disks would come. Then the CD, the DVD, and you know, eventually the thumb drive. I don't think it's impossible that you can't deliver this software over the internet eventually. So, I wasn't that focused on that level of this. I wanted to build that API that was components in the middle. Now, I agree that it's a platform, right? But the value of platforms in biotech have been really undervalued and I'll tell you why. Common wisdom…and I came up with this. I was just talking platform, platform, platform. And everybody was saying, "Nobody buys platforms. They buy products. So, until you have a product, nobody's interested." You know, this is what I was seeing with pharma companies and investors and so forth. And that is common wisdom because of the difficulty of discovering something in a typical platform that generates maybe 10,000 molecules.

0:11:01 And the platform is about screening them down to a couple that are worth testing in a mouse, right? And then 1 in 19 of those will make it into the clinic and so forth. But this was a little bit different because the deterministic nature of these genetic components and all the technologies like the new types of viral vectors that we were pioneering, the other fundamental innovations and process and cell processes and things like that. These things really could be combined and put very predictable ways. And you could design to a solution instead of really

trying to either discover something that was helpful, or winnow down a very big library to something that was useful. So, I think we're in a new day of platforms and I don't see a lot of companies that are doing what we're doing in gene and cell therapy. I think everybody of course has a platform. A lot of people think a platform is like…AAV is a platform. But again, I see that as being really just the transport layer.

0:12:00 I think that this is a layered industry that will have a transport layer and they'll be all sorts of innovation at that level and we'll license in all the best stuff. Then we'll be the MS-DOS, I hope. And then people will build apps on top of that. Us included. But when the HIV app works…okay, think about what that does. It doesn't just prove that HIV is curable and that we have some asset that might be valuable to a pharma company. No. It proves that the platform works. And you can dissect that whole project and see how it went from point A to point B. How predictable that was, how reliable that was, and how much of it could be debugged at the bench because of our toolset. And how that reduced the cost substantially. So much so, that you could start to look forward to curing monogenic diseases that only have hundreds of patients. Because you could actually make something and get it through the whole regulatory process for under $20 million, from start to finish.

0:13:01

Rich Bendis: Yeah. You're sort of reinventing the drug discovery process, Jeff. And it comes from a different perspective than someone who grew up in the industry being able to apply different processes to the new industry that you're in. But let's fast forward a little bit and a lot of people talk about getting to their first IND as a major milestone with their companies in the bio world. And that's something that's happened to you within the last 12 months.

Jeff Galvin: Yeah. That's right. So, we had our INTERACT meeting. At the time it was called a pre IND meeting with the FDA back in October of 2016 where we proposed an HIV functional cure. And they were quite excited about it at the time. They brought 12 Ph.D.'s to the meeting. They defined what we would need in terms of safety data and we started moving forward on that. And for a small company, it's a lot of work to actually get that IND together. But the thousand page document was completed and submitted in October of 2019.

0:14:02

Rich Bendis: Right.

Jeff Galvin: So, that is fairly recent. Just roughly 12 months. Yeah, 11 months.

Rich Bendis: But how many years did it take you to get to that point?

Jeff Galvin: Well, I would say we got focused on HIV about five years ago and then we're saying we submitted the…we talked to the FDA about four years ago. And then we submitted the IND about a year ago. So, we've been focused on HIV as an application on top of our platform for about five years.

Rich Bendis: Five years. Right. Gotcha.

Jeff Galvin: Yeah. The total…yeah. But the recent news is is that the IND has been approved. So, that was another just monumental milestone for us. You remember the party that we threw for the IND when we submitted…that we were quite excited. Unfortunately, because of COVID we couldn't throw a big party over the FDA approval. But that is even more exciting because we just have visibility on getting some data now.

Rich Bendis: And so, talk about what are the next steps?

0:15:00 Now that you're in phase 1 clinical trials, what's the estimated time you believe you'll be in the phase 1 before you'll be able to progress to the next step?

Jeff Galvin: I think at the current parameters of the protocol, it's gonna take us about nine months to figure out in a fairly convincing way the level of efficacy of this. I think we're gonna get safety data around the beginning of this coming year. So, I think it'll take us…we're gonna start the clinical trial next month. It'll take us about three months to get the first safety data. The FDA has asked us to wait 45 days between treating patients. There's six patients in the study, so it's gonna take us up through June, roughly, to treat everybody. But, they're amenable to discussing it during clinical trial and maybe tightening up some of those timeframes. So, it may end up being quicker than that. In any case, I think that by the time we get to June we should have secondary markers of efficacy.

0:16:03 So, next summer could be another very exciting moment when we can publish some data that scientists can evaluate in a very sort of analytical way and let us know whether they think that they believe what we're seeing.

Rich Bendis: Right. Well, knock on wood. I hope that materializes. But has COVID-19 had any negative implications on your ability to progress into this phase of the clinicals at all with AGT?

Jeff Galvin: I think it's been a little bit of a two-edged sword. It's had some benefits at the same time as it's had some inconveniences. I would say that COVID may be slowing the FDA down a little bit. But I think that they were overwhelmed in the gene and cell therapy area anyway. So, what was the incremental difference having to do all these emergency use authorizations or having some of their attention pointed over at COVID as opposed to their normal business? But I don't think that was really too much of a factor.

0:17:01 I think on the positive side, there's so much attention being paid to viruses now. That in some way, it's put a little bit of a halo on the whole industry. And on Maryland having a very rich environment of vaccine companies. And a really good reputation in that. So, I think it's been positive in keeping the whole idea of gene and cell therapy in the public eye. And that's been a benefit to AGT. And then in terms of just sort of the operations of the company, it's really made very little difference. Coming out of the IT world, I had been promoting the idea of collaboration tools and videoconferencing and working at home and nobody was doing it. And we had all the latest and the greatest. And then suddenly there was this imperative for people to go home. The governor declared biotech an essential industry, so people that needed to come into the lab were still allowed. And we're used to handling viruses so it wasn't dangerous, you know? They came in and they did their normal work.

0:18:00 But, we sent home all the people that do paperwork around here. And we gave them a one hour training on how to use all the tools that we'd had forever and they took to it like ducks to water! And I think that finally I'm gonna get my dream company, where people don't necessarily have to get up from their desks and gather in conference rooms over paper. Now they can be sharing a document on one screen while they're talking

to their whole group on the other screen. It's actually a more efficient meeting even if they're in the office. So, I think that that didn't really slow us down one iota. We have about…I just let people work where they wanna work now. People in the lab generally have to come in. Sometimes they have paperwork. They might work at home, but they're in more. And then everybody else comes back in if they feel like it. And so, some of the other things that I think are holding them back are just the fact that a lot of people have kids, right? So, it's more convenient to work at home.

Rich Bendis: And I think timing's everything because all of this…right before all of this broke, you had just moved into your new headquarters building, right?

Jeff Galvin: Yeah. Which was great timing.

0:19:01

Rich Bendis: Yeah.

Jeff Galvin: Because we're in 27,000 square feet now. So, we have plenty of room to social distance. I mean, you can only see less than half of my office here. I mean, it's just spectacular and gorgeous views. And a custom lab. It's just perfect for us.

Rich Bendis: And good neighbors.

Jeff Galvin: Yeah.

Rich Bendis: Yeah. National Cancer Institute.

Jeff Galvin: [laugh] That's right. We're literally a quarter mile from where we were before.

Rich Bendis: Right.

Jeff Galvin: And just everything about this building turns out to be perfect. And it actually turns out to be really well suited for social distancing and my philosophy of everybody having an office has worked out well too. So, people have a safe space where they don't have to wear their mask. And then they just mask in the hallway and everybody stands outside of everybody else's door. And I think that it's really safe around here and I want to implement even more things so maybe that people can get the

confidence to not even worry about wearing a mask around the office. It can be more normal.

0:20:00 Maybe I'd like to add things like some sort of online school downstairs so people could drop off their kids and maybe supervised and fed and good internet and tech support and stuff like that. And maybe they would like a break from…

Rich Bendis: Yeah. In a safe environment, right?

Jeff Galvin: Yeah.

Rich Bendis: That would be great. I mean, one of the things that I've found in Maryland or even in other parts of the country…with all the BARDA money that's been available related to COVID-19 and people wanting to chase diagnostics, therapeutics, or vaccines, some companies have pivoted a little bit. Getting away from their primary strategy to chase the dollars in some respect. Were you ever tempted, Jeff?

Jeff Galvin: No. I didn't think we would compete well in that arena. And we were so close to hitting our own home run that I didn't want to be distracted. I felt like we had a winning strategy. That we were skating to where the puck was going. That we were ahead of so many other companies in this industry that we had really built up a tremendous amount of momentum and assets in a place that hinted at exactly what our future should be.

0:21:07 We're not neglecting COVID. We have been thinking about that at the same time. But we throw it right in with the rest of our Pareto analysis and we say, "What are the most likely solutions that have the biggest impact out there with patients that have the lowest risk when you look at our tools? What are the pathways that we can clearly articulate and have good visibility on?" So, once you do a risk adjusted return, you just line them all up and you figure out how much money do you have to develop them. And you go for it. And I didn't even want to take a lot of time away from that whole process to even see what kind of money we could get. Because I thought even that would be a distraction. So, I think the vaccine companies and a lot of other companies have a really competitive and good sort of breadth of technologies that they're throwing at this this thing. And we'll see what comes out of that. But if a solution is needed much longer we may…and it may work its way up that Pareto analysis.

0:22:05 You never know. We have some really interesting things up our sleeve with respect to COVID.

Rich Bendis: I'll bet you did. But congrats on staying focused. But any discussion with you would not be complete unless we talk about your unique funding strategy that you have used to finance the growth of AGT. So, any updates on where you stand with your fundraising strategies, Jeff?

Jeff Galvin: Sure. So, for the people out there that aren't familiar already, what Rich is referring to is that we've raised a lot of our money from high net worth individuals. So, we have like our own capital desk internally. Like we're a VC that just funds ourselves. But we did get some VCs, some angel funds, some family funds, and so forth along the way. But since 2013, we're in our fifth round now of raising. It started at $1 million back in 2013 and our most recent round is $25 million at a $240 million pre-money valuation.

0:23:00 So, it's really aggressive. And $20 million's in the door. And another $5 million to go and that gets us out through the end of next year. So, if we get the rest of the money in this round…and will we open up another round? It depends. After this. But the dilution's been relatively low. You know, we don't have deep pockets, VCs, that can come in here and rescue us if we're in trouble. So, sometimes it feels like you're out on a tight rope on your own. But, we also don't have VCs sitting on the board and sort of narrowing our focus in a way where we might be missing a lot of brass rings that we've been able to grab. Because HIV is just one thing in our portfolio. We have an immuno-oncology asset that I just think dwarfs HIV even. The HIV market. It's really unique and it just puts the whole CAR-T industry…turns it on its head, upside down. And the data on that is fabulous. I think that we're likely to be in the clinic in 2022 with something that, if you have an advanced stage epithelial solid tumor—breast, prostate, lung, liver, colon, kidney, ovarian, pancreatic, head and neck and skin cancers.

0:24:06 Like all the biggest killers. Nine hundred people a day in the United States alone, die from those cancers. One shot to the primary tumor causes a host wide effect in your body that eliminates the primary tumor, secondary tumors, metastasis, and unrelated epithelial solid tumors. It's like winding your cancer clock back we think by five or ten years. And if you get another tumor five or ten years later, we can retreat you with the

same drug. It's just one intertumoral injection [0:24:37] study. Eighty-five percent complete remission. Zero cancer left in the [0:24:42]. From advanced stage human cancers. And we're using human immune cells. So, this shot into the tumor just stimulates your natural immune system to rise up to a level where it can clear solid tumors and all of the secondary tumors and metastasis simultaneously.

0:25:01 It's almost like a vaccine, even though it's not a vaccine. But it seems to have a similar effect where your body just rises to the pathogen and eliminates it. Then it goes back to normal afterwards.

Rich Bendis: You know, investors don't like one trick ponies. So, it sounds like you have a pipeline that is ready to take on the next challenge, right?

Jeff Galvin: Absolutely. Well, we're far from a one trick pony cause we also have, I think, the best in class solution for phenylketonuria, which is quite a large orphan designation. It's one of the larger rare diseases. I think that that one is probably the most promising of everything that I've seen out there. That has more competition than our HIV or immuno-oncology. Immuno-oncology, in name, has a lot of competition. But in terms of effect, not so much. But if you look at the HIV drug…what it is is the clearance of a chronic viral infection. And the way that we're doing it is we improve via operation of a specific immune cell.

0:26:02 In the case of HIV, we isolate HIV specific, CD4 positive helper T cells. And then we modify them in a way where they're uninfectable by HIV. And what does that mean? If you have an HIV T cell that can't be infected and depleted by HIV, it clears HIV like your cold T cells clear a cold. The theory's proven by previous experiments. But I think what we've got is…if you look at Sangamo that did a similar experiment and they protected these HIV CD4 positive T cells…we're getting 2,000 times the protection with 10 times the reliability if you just look at rough numbers. And don't hold me exactly to this, but this is sort of from 50,000 feet. This is sort of what we're doing is that when we modify a T cell, we're getting 10 times more reliable protection. They were getting about 1 in 10 cells. We're getting 100% of the cells with the protection. And then they were using $500,000 worth of viral vector to make a dose for a patient.

0:27:05 And they were getting therapeutic effect in 1 in 10 of them. And if you measure the number of T cells that were successfully modified, that were

specific to HIV, and then you compare it to ours, we're using $35,000 worth of vector. So less than one tenth the price. We're getting 2,000 times the number of cells and nearly 100% of them are completely impervious to HIV. We're hoping that given that they got therapeutic durable remission in 1 in 10 patients, that we may cross the threshold of functional cure. Okay, so what we do…you know, this whole idea of improving these T cells against their disease. It doesn't have to be restricted to just HIV. This would work in HTLV, right? Twenty million people have that and 1 in 20 of them will get an incurable T cell lymphoma in their 60s. They're ticking time bombs. We can detect which 10% are 50/50 chance of getting that.

0:28:05 And we can go ahead and do two million doses of that and save a million lives. And it's all cost effective. It would be cheaper to save their lives than to let them die with the incurable T cell lymphoma because of the cost of what the treatment of that…up until people pass away. So, and all we need to do is instead of isolating HIV T cells, we'll get the HTLV T cells. We will do the same thing. We'll improve them so that they can actually fight HTLV without becoming infected themselves. We'll amp them up to the levels where it tips the immune equation in favor of the T cells instead of the pathogen. And it's likely that that whole platform with a tiny little change will go ahead and cure HTLV and then Hepatitis B. Then herpes. Then Epstein-Barr. CMV. Human papillomavirus. We're talking about a bunch of chronic viral infections that when they reemerge cause a lot of pain and sometimes even mortality from the explosion of [0:29:08] in the body.

0:29:09 So, I think there's an exciting platform and many bites of the apple. You know, a huge sort of second, third, fourth, fifth, sixth…we got a lot of things.

Rich Bendis: Right. Yeah, and one of the things I was gonna ask you, what's next? But you just told me about what's next and next and next and next and next. So…[laugh]

Jeff Galvin: I know. Yeah. [laugh]

Rich Bendis: There is a great future ahead. And I know that you're focused on every element of it. Do you ever get frustrated that you can't go down a

parallel path with some of these other things that are equally exciting to what you're doing in HIV?

Jeff Galvin: Yeah. Sometimes. I mean, I wish we had unlimited money. Because at this point we have unlimited capabilities. If you look at the cost of us getting into a phase 1 for almost any disease, we can look at our toolset and we can do a thought experiment and be probably 80-90% confidence level that it would be worth putting it into the clinic and that there's a clear path there, right?

0:30:06 And then the cost of getting to first human efficacy in that case would be about $10 million per therapeutic. Now that is incredibly low.

Rich Bendis: Low?

Jeff Galvin: Yeah. And then you have an asset. So, it's—

Rich Bendis: Right.

Jeff Galvin: —we throw it to a pharma company or spin it out or whatever. And I think that there's also…it's not that it's a fixed $10 million price. Because there's a lot of go-no-go decisions along the way. Because we can have reagents, where we can test our theory in animal models for under $100,000. And this is what I'm hoping is really the future of the company, by the way. So, you really sort of unlock this with your question that I would like to eventually out license our platform. I'd like this to be like an iPhone. You know, where people go ahead and assume that the heavy lifting, all of the sort of general capabilities that you need of delivering the right transgene to the right cells in a targeted manner, safely that expresses at therapeutic levels, right?

0:31:10 Is all done by the platform. Now you just need to understand the disease. Just like somebody who writes an app on an iPhone just needs to understand the application. They don't need to understand all the different capabilities that are built in. Well, we could collaborate with hundreds and hundreds of companies in the future that could leverage their knowledge of specific monogenic diseases for instance. There's 7,000 of them. Or particular viruses. Sort of chronic viral infections or new cancers that are outside the scope of what we're doing. And I think that this could be really beneficial to healthcare and drive down the costs because you would get a tremendous amount of competition in that

environment. You can imagine, right? That there's more than one way to solve the same problem. So, there's constant pressure on everybody to keep moving their products forward in the same way that software companies only keep your allegiance because they keep enhancing their products and giving you more value per dollar.

0:32:10 That's their only barrier to entry to somebody else catching up with them. Right? So, what does that mean in healthcare? Better drugs, more value, at lower prices going forward, over time. A truly competitive market that works like a real market. Not like a whole bunch of siloed monopolies where you have one drug and it's either take it or lose hope. Pay whatever price they're charging or there's not alternatives. And I think that's what makes pharmaceutical companies not well loved by even their own patients. But I think they're gonna have a chance to change that in the future because they're gonna be offering higher value in a market that's expanding so much that they won't miss the fact that they can charge a lot for a drug because they'll be so many drugs that they can bring out. Two to four trillion dollars a year is spent in healthcare for palliative treatments of monogenic disease.

0:33:06 The whole pharmaceutical market is only $1 trillion. A little bit more than that. Think about that. There's $4 trillion out there waiting for very simple applications on a platform like ours. And I think that's the future of pharmaceuticals. And a much brighter and bigger future of pharmaceuticals because they'll become very much like consumer products that people will feel like they're getting great value out of when they buy them.

Rich Bendis: So, we're speaking with Jeff Galvin, CEO and Founder of American Gene Technologies, who has no vision, no passion, or no innovation in his blood at all. Right, Jeff?

Jeff Galvin: It's a problem for me. Yeah.

Rich Bendis: [laugh] It's a problem! Right!

Jeff Galvin: [laugh]

Rich Bendis: So, whenever you do AGT app store let me know. I'll be glad to be one of your first investors.

Jeff Galvin: Oh. Fantastic.

Rich Bendis: When you form your app store. But you mentioned that you need another $5 million and as you know, we have our BioHealth Capital Investor Conference annually. It's coming up October 20th and 21st.

0:34:02 And of course, that's with J.P. Morgan and Wilson Sonsini. We've invited 450 companies. We're gonna select a hundred. And we have invited 250 investors of which we'll take about 50. And some of those are very new to the BioHealth Capital Region and have never looked at companies or ever been before. So, what we have found with COVID, Jeff, is that people don't have to get on a plane or a train and go to Gaithersburg, Maryland to AstraZeneca to have our Investor Conference which has opened the door up for us to get exposed to people who are willing to get engaged now because they don't have to do the travelling.

Jeff Galvin: [0:34:41]

Rich Bendis: So, there's good and bad associated with the pandemic, but I think we're gonna introduce this region to some new investors and if you have a desire again…I know you've participated in the past. Feel free to apply because you never know when you're gonna meet that magic investor who might say, "Okay. I'll do the last five. Right?"

Jeff Galvin: Yeah.

0:35:00 No, I love your conference. I've been to it a few times. I just signed up for it this morning.

Rich Bendis: Great.

Jeff Galvin: So, I don't know whether that put me in the queue to be evaluated or whatever. But I got a save the date thing with a "register here," so I registered. And hopefully I'll see you there. But I think you're right. It's great, you know? The whole world now can come to Gaithersburg or Rockville or Rockville can go anywhere in the world as well. I just did a…I was a plenary speaker at a conference in India a few weeks back. I never left the AGT studios.

Rich Bendis: Right. [laugh]

Jeff Galvin: It was wonderful! [laugh] And so, yeah, I'm liking this. And I gotta tell you. I do enjoy the fact that I can do more of my meetings from my desk and travel less.

Rich Bendis: Right.

Jeff Galvin: Because it's not as glamorous as it sounds, is it?

Rich Bendis: Oh, no, no, no. To do a conference in India from your desk is much better than having to fly to India or China or Asia. Or Europe, to be honest with you. I have very few places left on my bucket list that I want to go internationally. So, the desk is a very good place to be right now, Jeff.

0:36:02

Jeff Galvin: Yeah. I like it. And I think it's…with everybody else feeling the same way it gives you many opportunities for collaborations that you wouldn't have had in the past that you couldn't access that well. Sounds like you're doing it at this upcoming conference by bringing in all these new investors to this area. By the way, I know you know this already, but let me tell your audience. Maryland is the cutting edge technologies in everything. Amazing investment opportunities. So many great ideas here. So many great companies. And it is a place that is under recognized for the level of technological innovation and there are so many opportunities for investors. So, you may bring some of those people in here. You're doing them a big favor when you show the amazing stable of companies that you're going to be able to present.

Rich Bendis: Well. You took care of my close, Jeff. So, but you're always a great ambassador for Maryland and this region based on what you do every day.

0:37:01 So keep up the good work.

Jeff Galvin: Well, thanks. Thanks, Rich. And you too. I always enjoy working with you.

Rich Bendis: Thank you. And we look forward to…you know, we have the BioForum on the 19th which is all day and some fantastic speakers which is virtual. Then the Investor Conference the 20th and 21st of October so, whatever you can join in, you're welcome to join. And we would welcome your participation. So, we never have a dull *BioTalk* with Jeff Galvin, CEO and Founder of American Gene Technologies. And other than just learning

about AGT we learn a little bit about the new philosophy of what's gonna happen in the bio and the pharma industry in the future. So, we appreciate that perspective, Jeff. Thanks for coming on again.

Jeff Galvin: My pleasure, Rich. Thanks so much for having me.

Narrator: Thanks for listening to *BioTalk* with Rich Bendis.

End of recording