EP.169 Kolaleh Eskandanian

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 of *BioTalk*. And as you know, we basically interview interesting people within the BioHealth Capital Region as well as nationally and internationally, and we have a repeat performer today who was on one of our very early *BioTalks* that we had, and that's Kolaleh Eskandanian, who's the Vice President and Chief Innovation Officer for Children's National Hospital in Washington D.C. So, Kolaleh, welcome back to *BioTalk*.

Kolaleh Eskandanian: Thank you so much, Rich, it's great to be back.

Rich Bendis: We're having you back because there's so much new stuff that you're involved with to talk about to tell our listeners about, which are all very exciting, some of those things which BioHealth Innovation gets to be a partner with you on.

0:01:02 So, I'm really excited to do this edition of *BioTalk* with you, but before we start, there's probably a lot of new listeners that didn't hear you the last time you were on, so we're going to let you introduce yourself to them rather than me introduce you. So, you take it away and tell us as much as you'd like to talk about your background and how you evolved into your position you're in today.

Kolaleh Eskandanian: Great, thank you so much. Absolutely. So, as you mentioned, I'm with Children's National Hospital, Chief Innovation Officer there. And by background, I'm a mechanical engineer, so I did my undergrad and master's degrees in mechanical engineering with a follow-on PhD in industrial engineering/economics and an MBA from American University Kogod School of Business. I started my professional career as an engineer, so I worked for Intelsat and went back to school to get my MBA.

0:02:02 From there, I was recruited by Accenture, so I was a management consultant for a number of years before I joined Georgetown University on a very interesting initiative back then. The campus had decided to create the position of Research Subject Advocate to ensure safety of participants in clinical trials in an academic setting. And the position was offered to a business school professor of mine, and one day, she was describing to me how difficult it was to collect information for regulatory submissions if an adverse event happened during a clinical trial. And I used one of my Accenture projects as an example, which was the trouble

in into management for a telephone company that I had completed for Accenture. And I said, "Well, that's easy to do."

0:03:01 Fast forward, I created a prototype as part of my community hours with Accenture and presented that to Dr. [0:03:09] and Georgetown University Medical Center leadership. And again, fast forward, I was recruited by Georgetown to come and complete that project, which became a product that later was licensed to a company to commercialize it. So, that piece of software is still in the market, used by millions. So, it's a web-based adverse event reporting system, then later was incorporated in a suite of regulatory affairs software.

Rich Bendis: Hopefully, you're still getting royalties on that, right, Kolaleh?

Kolaleh Eskandanian: I think once in a while, yes. A small [0:03:45] that pays for a round trip. [Laugh]

Rich Bendis: Oh, good. [Laugh]

Kolaleh Eskandanian: No, but it was quite rewarding because when you do that type of work with industry, given it's your job, it's not considered invention, innovation, it's work for hire. Clients hire you in that type of work.

0:04:03 But you're freer to use your creativity in an academic environment to introduce innovative medical products. So, that was quite rewarding and ended up with me entering the nonprofit academia environment. So, later, I was recruited by Children's National, and I've been with Children's National for about 15 years.

Rich Bendis: Let's talk a little bit about your progression through Children's National. And before we get into some of the new programs that you're involved in, you've had some very successful partnerships and relationships in the role at Children's. Talk a little bit about your role as the Chief Innovation Officer, what's engaged with that, and particularly, one of the things I'm very interested in is the extensive program you've had with the FDA. So, talk a little bit about how you evolved in that 15 years, and their different roles and responsibilities, and how it led you to what you're doing today.

0:05:02

Kolaleh Eskandanian: Yeah, thank you. So, the reason I was recruited to Children's National was to put together the first ever proposal to NCATS, National Institute of Health NCATS, which administers the clinical and translational science awards. So, it was an infrastructure grant, a very large one, and we submitted, and we became the first and only children's hospital that became the prime of that award. So, that was quite an accomplishment. It was a research endeavor, and for us to establish the research infrastructure. Now, Children's National had been very successful up to that point in terms of research excellence, but that's all we did.

We did not translate the discoveries to the market. So, the piece that was missing was really introducing the notion of innovation in the context of a children's hospital.

0:06:00 So, when you do innovation in a children's hospital or in a hospital, you have an additional mission in addition to research, the metrics of which are publications and grants, and publications and grants. Now, when you're actually in a hospital, you also have the mission of translating that to patients and families. And until about 12 years ago, that did not exist at Children's National. And so, the notion of innovation was really introduced thanks to the large grants or gift that we received from the government of Abu Dhabi, which led to the creation of the Sheikh Zayed Institute for Pediatric Surgical Innovation. So, I was at Children's National when that was happening, and I was offered the position of the Executive Director of that institute. So, that was the progression from establishing the infrastructure for clinical and translational research to then moving into an innovation institute and introducing the notion of innovation, which is translation of discoveries and novelties to patients and families in the context of a children's hospital.

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Rich Bendis: I think that's when we first met, when you were the Executive Director of the Institute, right.

Kolaleh Eskandanian: I know, we've been partner for about 10 years now. [Laugh] So, it was a great opportunity because we did have this startup package to craft the institute type that we wanted with the mission of making pediatric surgery more precise, less invasive, and pain-free. So, that was the mission of the Institute and is to this date. And while doing my job as the Executive Director of the Sheikh Zayed Institute, the opportunity was presented to submit an application to the FDA to be considered as one of the Pediatric Device Consortia. So, we did submit this application, and we got it on the first try, and we received funding from the FDA to run, what it was called back then, the National Capital Consortium for Pediatric Device Innovation.

0:08:13 So, we ran that for two cycles, for 10 years, and last year, we submitted another application to establish the Alliance for Pediatric Device Innovation, and we were accepted again to join the consortia program. So, the goal of this accelerator program, the Alliance for Pediatric Device Innovation, is to facilitate the process of device development for devices, medical products, that are to be evaluated in the pediatric population and which are seeking pediatric labeling. So, that's a huge gap in the market. If you look at the adult market and the pediatric market, there is this perception that children are generally healthy,

and so there are not enough incentives for innovators to develop medical products for kids.

0:09:10 So, we've used medical devices in the pediatric population off label for so long, and it has become normal, it has become the norm. And that's not ideal. From a safety perspective and from an innovation perspective, that is not ideal. So, the FDA program really wants to reverse that and introduce the notion of pediatrics first when developing medical devices. And through this program, we provide direct device funding, and we make that available through our signature competition, which is called Make Your Medical Device Pitch for Kids. We have that competition about two, three times a year, and it's in the form of a challenge competition. We present a challenge, and we invite device innovators to apply.

0:10:00 And that's not enough, so that's the direct-device funding. And we add to that an accelerator service that provides consultation services on all phases of the total product lifecycle, so anywhere from the ideation to prototyping, preclinical testing, clinical trials, and market access, which includes reimbursement and regulatory pathway consultations. So, the success scorecard that I like to talk about is that in the first 10 years of our operation, we evaluated thousands of applications. Of those, we selected, about 320 unique medical device projects that we included in our accelerator service. Of those, about 20, 25 also received funding. So, not all 300 received funding, all 300 received accelerator services from us.

0:11:01 And of those, about 23 received FDA clearance, approval, or CE mark in Europe. So, that's huge. And of those, eight landed a successful exit via acquisition. So, if we were a venture capital firm, we would be very rich right now, right? [Laugh]

Rich Bendis: And if you were a limited partner in that firm, you'd be very rich, too, right? [Laugh]

Kolaleh Eskandanian: Exactly, yes. But it was part of a federal grant, and we did that to demonstrate success so lawmakers at the Congressional level, they can see that a little bit of incentive through this program, the impact can be really big.

Rich Bendis: Yeah, congratulations on that program. I know that you've been passionate about pediatric medical device innovation. Partnership with the FDA is unique. There are very few people who get a chance to do that. And you've become one of the leaders in the world, actually, in what you guys have built there at Children's National, so congratulations.

0:12:02 But one other thing before we get into talking about your new BARDA accelerator program is the innovation campus that you've helped build around

Children's National in Washington D.C., which is a unique cluster, which didn't exist 10 years ago. Talk about that a little bit to our listeners, about this innovation campus and the partners you have on the campus, Kolaleh.

Kolaleh Eskandanian: Yes, it really emerged as a need because we needed space. And the Hospital is running out of space. And when the Army was closing some of its bases, the Walter Reed National Medical Center was one of the bases that was on the list of closure. And it was really the vision of our former CEO, Dr. Kurt Newman, that really could see a future for the portion of that land to serve Children's National as its innovation campus. So, through advocacy, he led the effort for the Army to transfer a portion of that land, about 12 acres of that land, to Children's National.

0:13:06 And the vision that we had and we have for this campus is really to enable collaboration with government, industry, think tanks, and all the likeminded entities with whom we have a common mission of advancing pediatric medicine and pediatric innovation. So, the initial tenants on the campus include Johnson & Johnson Innovation JLABS at Washington D.C., Virginia Tech has presence on the campus on the top floor of the building, where initially, their focus is on pediatric cancer research. And hopefully, in the next couple of months, we can publicly talk about some other partners that we will welcome to the campus as well.

Rich Bendis: And one other partner you have is the BARDA Innovation Center?

0:14:00

Kolaleh Eskandanian: Yes.

Rich Bendis: Yes, and that will lead us right into what we're going to talk about next. Talk about your relationship with BARDA a little bit.

Kolaleh Eskandanian: Yeah, that is an amazing success story because had it not been for this campus and the inclusion of the Blue Knight Initiative on the campus–Blue Knight is a partnership between BARDA and Johnson & Johnson Innovation. So, that opened up the opportunity for us to get to know them, and any chance that we got, we talked about the need for pediatric presence within BARDA. And when the RFP was sent out, one of the hubs that BARDA said they wanted to create was a hub for pediatrics and special populations. So, I want to thank that. If it was not for this campus, we would not have had the opportunity even to know and apply for this mechanism. And we applied, and we became the only pediatric partner of BARDA to run an accelerator for pediatrics and special populations.

0:15:08 So, in nature, this accelerator is somewhat similar to the accelerator that we are running for the FDA. It also has three arms. The two main arms are also funding, and then the second arm is accelerator services, where we provide advisement and consultation on all phases of total product lifecycle, but it also has a readiness and responsiveness arm. So, should there be another, God forbid, pandemic or public health emergency, we are ready to serve children. So, we have to be ready to provide the services and knowledge that we didn't have when COVID happened, right? So, we're ready to provide that during every day, and especially during public health emergencies.

0:16:01 And as an example, during COVID, about 80 emergency use authorizations that were issued, none of them had pediatric within them. So, we want to reverse that, and we want to make sure that medical countermeasures are also specifically evaluated for children and labeled for pediatric use.

Rich Bendis: Right. And for a lot of people that don't know BARDA, they were really the primary funder during the COVID crisis to create some of the unique vaccines and other treatments that were necessary to address that dreaded pandemic that we had. But Children's is uniquely positioned because BARDA has a network of accelerators around the United States. They did need to fill the gap in the pediatric area. And with the 10 years of experience you've had with what you've been doing with the Sheikh Zayed as well as the FDA makes you very uniquely positioned to be the leader in pediatric innovation that would be created by BARDA, so congratulations on that award.

0:17:08 I know it's just recently happened. So, let's talk a little bit about the process you went through and what you promised to BARDA that you would accomplish through the BARDA SPARK Accelerator, which Children's is leading right now.

Kolaleh Eskandanian: Yes. So, as part of this accelerator network, there are five of us. The other four hubs are focused on vaccine development, devices and diagnostics, digital health, and enabling technologies. So, these are the other four hubs. So, our hub is pediatrics and special populations, and we do all of that, but for pediatrics. So, we're tasked to promote medical countermeasures in the areas of vaccine drugs, biologics, devices, diagnostics, digital health, and enabling technologies, everything that the other four hubs do, but with a focus on pediatric population.

0:18:06 So, that was our promise to BARDA, that we would be your trusted pediatric partner. And to demonstrate that, of the 10 key personnel from Children's National that were proposed to BARDA, nine are pediatricians, and of those nine pediatricians, eight are pediatrician scientists that actively do research on medical countermeasures already. So, that is so unique, and among all the five

of the hubs that BARDA funded through this program, we're the only one that is really heavy on the clinical and pediatrics expertise. And that is so unique because to run in the FDA program, we really understood, time and again, companies come to us because they're looking for clinical expertise and for a partner with whom they can engage to generate evidence for regulatory submission.

0:19:12 So, that is so unique, and I think that Children's National is so uniquely positioned and understands this gap in the market and the gap that exists for innovators and for small companies and big companies. To have that type of clinical partner that really knows what regulatory submissions are and what type of evidence generation is needed to support regulatory submissions. So, we're that trusted partner on this BARDA award, but also globally for small and large businesses that have an interest in pediatric product development.

Rich Bendis: Well, congratulations on winning this award.

Kolaleh Eskandanian: Thank you. I should mention that it was because of the partnerships, which we value so much, partnership with BHI, you are our business partner in this, so we use your entrepreneurs-in-residence to serve as mentors to the companies that we will be selecting as part of the RFPs that are open.

0:20:20 So, the fun just started, so I really look forward to announcing the companies that we will select, and our partnership with BHI, with Mass General, and with Rainbow Babies that are part of the SPARK program.

Rich Bendis: Well, we're pleased to be your partner, and we know that it'll be a great partnership for everybody. And we've introduced the BARDA SPARK accelerator, but we really haven't talked a lot about how people can become engaged with it. How do they apply to be a part of the accelerator? If they get selected, what do they get as a benefit of being a part of the accelerator?

0:21:01 So, talk a little bit about what the accelerator's role will be, who's eligible, do they have to be from any specific geographical location, and what do they get as being selected as being a part of this accelerator, Kolaleh?

Kolaleh Eskandanian: So, first, BARDA has an interest in sourcing and scouting globally. So, we are open to any great pediatric MCM proposals that come from anywhere in the world. So, there are three opportunities this award year.

Rich Bendis: This cycle, basically.

Kolaleh Eskandanian: Yes, this cycle. So, there were three opportunities. A prize challenge, which closed, and we selected the finalists who will be presenting live on January 28 at the launch event of the SPARK program. So, that's a small award. We have

about $50,000 to distribute on the 28th. And once selected, we don't issue a check and then let them run. [Laugh]

0:22:04 It's really milestone-based, so we will be working with these companies to make sure that they're successful. We will be providing the type of expertise that they need from our program. The second one is a funding program, which is larger in size, so we will be providing between $50,000 and $180,000 per project selected. And the deadline for that is January 13, so still a couple of days left if anyone is listening and wants to apply. They can go to our website, which is MCM, as in medical countermeasures, 4 kids dot org. So, MCM, numerical four, kids dot org. So, there, you can see the funding opportunities that are open and learn more about the services that we provide.

0:23:03 But essentially, these are accelerator services, meaning that companies that will be selected for an award will be matched to a team of mentors, and typically, that team consists of three experts. One in business, one in clinical, and then third in product development, R&D development. So, this is amazing. This team of mentors will be helping companies through achieving the milestones and helping them with the pathway to the market, with their regulatory reimbursement, so everything that they need to eventually receive FDA or regulatory bodies license, whether it's clearance, registration, or approval. So, if you ask me, "What is the ultimate goal?" It's products in the market that were evaluated for children and labeled for pediatric use.

Rich Bendis: So, commercialization is the primary role.

0:24:00

Kolaleh Eskandanian: Exactly.

Rich Bendis: So, the people that would qualify and most likely be selected would have been identified with good technology that has market potential, but they don't have all of the resources, networks, or knowledge they need to get the products into the market. And what the BARDA SPARK Accelerator through Children's will do will provide the resources necessary to them to continue their path towards commercialization and have the expertise necessary, which they don't necessarily have available to them today.

Kolaleh Eskandanian: Yeah, and then key is, again, two things. Alignment with BARDA's mission. So, this has to be a medical countermeasure the way BARDA defines it and the way BARDA lists them as an area of interest within BARDA. And that can be tricky, so if anyone has a question, they're not sure if their solution is aligned with BARDA's area of interest, they can contact us through the website.

Rich Bendis: And then, you mentioned three ways. There's the first one, the second, which is January 13, and there's the third one. What's the third one?

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Kolaleh Eskandanian: The third one is a mini-MBA, if you will. So, it's a six-month program that includes–maybe the analogy is, like, kind of sort of like an I-Corps program. So, we provide education through the accelerator's program, which is the third one, in all areas of product development, plus entrepreneurship, and understanding the market, and commercialization, essentially. Because again, the ultimate goal is to put in the market medical countermeasures for children. So, that would [0:25:40] one program, and the deadline for that is January 27.

Rich Bendis: January 27. So, all of the information related to these–as we mentioned, we're going to help publicize this through social media, and our newsletter, and this *BioTalk* will help. But they also can find out about all of these programs through MCM number 4 kids dot org.

0:26:05 That website will have all the information you need. That is great. You can't do any of this by yourself, you have to have partners. And you mentioned Rainbow Babies, and Mass General, and BioHealth. We know what BHI does. Talk a little bit about Rainbow Babies and Mass General and their role with this accelerator.

Kolaleh Eskandanian: Yes. So, you might be familiar with the program funded by HRSA called the Pediatric Pandemic Network. So, Children's National and Rainbow Babies are the two hubs in that program. So, Children's National leads hospital spokes under us, and Rainbow Babies has a similar role. So, to reach the broader pediatric market in terms of sourcing, and scouting, and leveraging, and pediatric expertise, you couldn't find better hospitals that are already part of a Pediatric Pandemic Network program. So, that's us and Rainbow Babies.

0:27:02 And then, with Mass General, we are collaborating with a group out of Mass General called CIMIT, which was involved in the RADx program. And we're working with them because of this rapid-response module of this program. So, we wanted a partner who has done it before and who can help us with rapid response. And not only that, with Mass General CIMIT, we are collaborating and administering the process of sourcing, and scouting, and evaluation of the applications that we receive. And a couple of their faculty will be also serving as mentors to the program.

Rich Bendis: We really are talking about a lot of acronyms here. And RADx was a program created by NIH related to the COVID program for rapid diagnostics that helped identify COVID back when the pandemic was happening. And then CIMIT, I forget what that stands for, but I'm familiar with the CIMIT program. If anybody

wants to know what CIMIT is, they can look at Mass General and look at CIMIT, but it's an innovation program under the Mass General umbrella, which is very complementary to what you're doing today.

0:28:10 One thing we didn't talk about, and it's an assumption, I guess, since you're the Chief Innovation Officer, I would assume you're the leader of the BARDA SPARK Accelerator program within Children's National. Is that correct?

Kolaleh Eskandanian: Yes, not because of my role, but because I put together the proposal, I wrote it, the vision and mission. And it's a good point. I don't know other chief innovation officers of hospitals or universities that also write grants and put in proposals. But in our case, that has been a part of our success. All the programs that we are running at Innovation Ventures are externally funded. They don't cost the hospital a dollar. Not only that, we generate revenue for the hospital. So, if not for these accelerator programs that are externally funded, we could not have done what we do for Children's National and for kids everywhere.

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Rich Bendis: One of the other things that we really didn't mention, I don't think, is that since this is a global program open to people from around the world, it's actually a virtual program. It doesn't require people to be physically present on the Innovation Campus around Children's National in Washington D.C., correct?

Kolaleh Eskandanian: We'll have some hybrid programs. So, we want to leverage the in-person interaction as much as we can. So, there will be a number of programming that we will introduce, and they will be hybrid. But for the accelerator program, we're offering all participants to come to Washington D.C. for one or two weeks so we can also bring them to our clinics, making sure that they interact with our experts in preparedness and response, and specifically, our infectious disease group, our infection control group, and everything that is within the areas of interest of BARDA.

0:30:10 But let's immerse the participants to be in Washington D.C., to work with Children's National and BARDA. And we're planning a Hill Day, for example, to take them on Capitol Hill so they can talk with policymakers to raise awareness about what we're doing and how we are utilizing federal funds for impact.

Rich Bendis: And how many companies do you feel participate in this cycle of the program?

Kolaleh Eskandanian: Yeah, so for the direct funding up to eight. And for the accelerator service, this is the mini-MBA program, between 8 and 12.

Rich Bendis: Okay, super. So, really, you're going to get numerous applications, and hopefully you're going to get the cream of the crop in the people you select, who have

some of the best innovations and potentially entrepreneurial experience to progress these things further.

0:31:06 So, that's pretty exciting. So, how does this SPARK Accelerator fit into your role as a Chief Innovation Officer for Children's? And also, this isn't a one-year program, correct? This is a multiple-year program? I forgot to ask. How many years is this accelerator and award program for?

Kolaleh Eskandanian: It's a 10-year partnership.

Rich Bendis: Wow. Okay. So, really, you almost need 10 years when you're talking about innovation at a very early stage for technology. And in order to get the outcomes like you did for your FDA pediatric medical device program, and the outcomes that you generated, that also has been a 10-year program. So, from experience, you can't do these things overnight, and it's nice that the federal government understands, it takes many years to get the outcomes and the results that are necessary when you surround these potential entrepreneurs with the resources they need to be successful. So, 10 years is fantastic, Kolaleh.

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Kolaleh Eskandanian: Yeah, and again, my role as Chief Innovation Officer in a teaching hospital–we had to stay focused, otherwise we would've been lost, right? Innovation is defined differently in each hospital, right? In most hospitals, it's really the IT department, right? Innovation somehow is folded within the IT department. So, we created a definition, and we're staying laser-focused on what we do. So, the definition for us of innovation, in the context of a children's hospital, is the process of translating discoveries and novelties. And the novelties don't have to be necessarily ours, right? So, we embrace external innovation as well. So, the process of translating discoveries and novelties to patients, families, and providers.

0:33:03 So, this is the focus, and we just stay laser-focused on this mission. And within that, how we source innovation is through our own research within the hospital, so that's the traditional way that universities do with translating discoveries that come out of our six research centers at Children's National, so that's one. Two is hospital-based innovation, and that's a true by-design program that we created at Children's National, and it's under Innovation Ventures, under my programs. Through that, we collaborate with clinicians to understand and collect the needs statements. We're not necessarily looking for their ideas. That's important, too, but we really want them to define a need and put it in a statement for us, so we can marry that with a technological solution, and together, we can build a solution, clinicians, engineers, scientists.

0:34:06 And then, the third, and the important one, is external innovation, where the SPARK, the FDA grants, anything external fits under the external innovation. So, it's really three buckets that we define, research-based, hospital-based, and external innovation.

Rich Bendis: But you have a unique focus for Children's, which you traditionally wouldn't see in a lot of other hospitals or universities around the country. And a lot of people don't understand that really, a children's teaching hospital like yours gets millions of dollars of research funding from the federal government and other institutions a year. So, as a matter of fact, I believe in the Washington D.C. Metro area, you're the leading research institution, even though we have other academic institutions in that region as well, correct?

Kolaleh Eskandanian: I would say that for the [0:35:01] of Children's National Hospital, which is a 320-certified-bed facility, ranked consistently in top 10 best children's hospitals, but still small, right?

0:35:12 The external research dollars just in the past year has been $100 million. So, that's a lot. Yeah, so other children's hospitals, like CHOP, and Boston Children's, and all that, that's a different story. Theirs is larger. But I think that for the per capita, we produce a lot.

Rich Bendis: Well, $100 million is a great milestone, so congratulations. The other thing that's really interesting for me is that I've been sort of doing this in this region for about 13 years, and when I first came into what we classify the BioHealth Capital Region, we couldn't find an anchor partner in the Washington D.C. Metro area. And what's happened as a result is, with what you have done as the Chief Innovation Officer and the former president, Kurt Newman, you've positioned, really, Children's National to be the leader in the ecosystem to help bridge what's going on between Maryland and Virginia.

0:36:09 You're right in the D.C. Metro area, and what you've done with BARDA, Virginia Tech, Johnson & Johnson JLABS, and Children's coming together, you've created this mini cluster, which is very integral to the whole BioHealth Capital Region in Maryland, D.C., and Virginia. So, without what you are doing, it would be a gap. Everybody talks about how difficult it is to bridge Virginia and Maryland with the bridges, and the rivers, and the state lines, the county lines, the district lines, everything else, but I want to congratulate you because you've actually become a very important anchor in the BioHealth Capital Region. And the other thing I want to ask, though, is, how important is your location to the success that you've generated with the FDA, with BARDA, with the other organizations that you're partnering with now and being sort of in the middle of this BioHealth Capital Region?

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Kolaleh Eskandanian: Yes, and I should mention that an important key because of our location in Washington D.C. is our strength in advocacy. So, we have a Child Health Advocacy Institute, CHAI, which is very strong in terms of advocacy, being on the Hill. And we're the district, right? We're not a state. So, we to collaborate with Virginia and Maryland and also use their advocacy voices to promote the mission of pediatric health in the nation's capital. So, that's super important that we take advantage and we recognize and we're thankful of being in Washington D.C., the close proximity to Capitol Hill, and FDA, NIH, all the key government agencies that are all important to promote the mission of health innovation in general, but pediatric health innovation in our context.

0:38:10 And you've said it many times before, that you could not possibly create or recreate an ecosystem the way that we have it in our BioHealth Capital Region. Not in Europe, not on the West Coast. You could not possibly recreate this, what we have here.

Rich Bendis: You're right. You are one of the unique assets that we have in this region that cannot be replicated in other parts of the United States or the world in addition to all of the other ones that you have mentioned. So, we can talk for another hour, but we'll continue to follow up with you on the SPARK Accelerator in the future as the successes continue to build. What closing comments do you have for the listeners, for your future vision, now that you've built what you have built, and you're just embarking on this new 10-year journey with BARDA Accelerator SPARK program? What do you see for the future for Children's National and for what your personal goals are, Kolaleh?

0:39:06

Kolaleh Eskandanian: Yeah, the message for innovators listening, small businesses, is, consider pediatrics first. Many innovations have started in the pediatric domain. As an example, the ventilators. That was a NICU innovation that later translated also to adult use. So, the biggest message is, don't be afraid that many are saying that the pediatric market is too small, and there are not enough incentives. But here, some of the incentives that we are offering through our FDA grant, Alliance for Pediatric Device Innovation, and now SPARK for innovations in pediatrics. So, come to us, work with us. We provide you with funding as well as accelerator services, everything that you need for commercialization and for bringing these products to market for children first, but they will have also application for adults.

0:40:03

Rich Bendis: Well, this has been very enjoyable. We've been talking with Kolaleh Eskandanian, Vice President and Chief Innovation Officer, and the lead for the new BARDA SPARK Accelerator program at Children's National. Kolaleh, thank you for being on *BioTalk* again. And we're going to continue to follow up with you as we partner on making this one of the great successes for pediatric innovation in the world.

Kolaleh Eskandanian: Thank you so much, and I look forward to it.

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

End of recording