talentbrief

Sofia Reyes

NEUROSCIENCE INTERVIEW — SOFIA REYES

Head of Neuroscience at Aethon Medical Sciences

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Barcelona, Spain

Medical Affairs

LEVEL

Senior

EXPERIENCE

12 years

INTERVIEWED

February 20, 2026

SALARY RANGE

140,000 - 185,000 EUR

3.6 / 5.0

Yes

SENTIMENT · POSITIVE

Interview assessment

AT A GLANCE

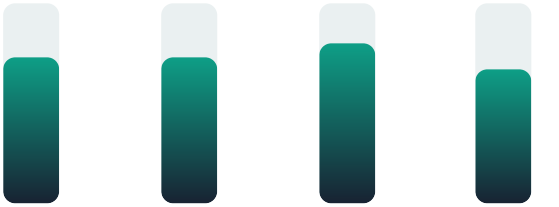
WHY HIRE

- Twelve years of pharma medical affairs experience.
- Built Aethon's CNS function from two to ten people.
- Deep neurodegeneration depth in Alzheimer's and Parkinson's biology.

WATCH-OUTS

- Self-identified gaps in neuropsychiatry and REMS program design.
- No direct FDA/EMA presentation experience - a meaningful mismatch against a role spanning three therapeutic areas.

COMPETENCY SNAPSHOT



EXECUTIVE SUMMARY

This candidate is a strong medical affairs leader with impressive scientific depth in neurodegeneration and a clear record of shaping evidence generation, publication strategy, KOL engagement, and program decisions. The interview included multiple detailed, credible examples with metrics, especially around Alzheimer's strategy, ARIA education, and real-world evidence. The main risks are role-level stretch areas: limited direct regulatory leadership, limited commercial integration, and unproven scale across a broader multi-TA organization. Overall, the evidence supports a positive recommendation for the role if the organization is comfortable onboarding around those gaps and complementing the candidate with strong TA and regulatory partners.

Scorecard

Clinical & Healthcare

Avg 3.7

4 Neuroscience Therapeutic Depth

Deep expertise across CNS areas (neurodegeneration, neuroimmunology, psychiatry, pain)

Strong evidence of above-average ownership of core medical affairs strategy across multiple assets with clear scope and accountability. The candidate demonstrates mature strategic breadth, though not yet at the full enterprise scale implied by the Head role.

4 Evidence Generation & RWE

Plans and oversees real-world evidence studies, IITs, and post-marketing programs

Candidate gave a specific, quantified RWE example tied directly to strategy, publications, and external impact. The level of detail and business relevance supports an above-average score.

3 Clinical Development Oversight

Provides medical input to neuroscience clinical programs across development phases

The candidate demonstrates honest, structured thinking about medical affairs measurement, but also concedes the framework is still immature. This is a solid, realistic answer that meets expectations without showing differentiated excellence.

Domain Expertise

Avg 3.7

4 Medical Affairs Strategy

Develops and executes medical affairs strategies for neuroscience portfolio assets

Detailed example shows strong scientific judgment influencing a material program decision with clear cause-and-effect reasoning. This exceeds baseline expectations, though the transcript provides fewer repeated examples than would justify a 5.

4 Regulatory Authority Interaction

Engages with FDA, EMA in medical affairs capacity; supports regulatory submissions

The candidate demonstrates a robust, intentionally built KOL network with concrete scale, depth, and thoughtful engagement practices. Strength is clearly above average, tempered by admitted limited breadth in neuroimmunology and neuropsychiatry.

3 Medical Education Programs

Develops CME programs, speaker bureaus, and medical education initiatives in neuroscience

Candidate is credible and self-aware about regulatory experience but does not yet show direct leadership of agency interactions expected at top level. This meets expectations for contributory knowledge but not strong mastery.

Sales & Business

Avg 4

4

KOL Network & Engagement

Maintains extensive neuroscience KOL network, manages advisory boards effectively

Shows a disciplined and strategic publication-planning process with clear linkage to development and regulatory milestones. The candidate demonstrates strong planning rigor and scientific standards, comfortably above average.

Leadership

Avg 3.4

3

Organizational Transformation

Has led through transformational periods – building, scaling, and maintaining teams

Shows thoughtful self-awareness about scaling leadership and the shift to managing managers, but this capability is more conceptual than proven. The answer meets expectations while leaving a meaningful execution risk for a larger Head role.

3

Cross-Functional Commercial Partnership

Operates effectively within a commercial reporting structure; partners with sales, finance, and P&L owners

Cross-functional collaboration with clinical development appears solid, but the candidate openly acknowledges a significant gap with commercial partnership. Overall this is adequate but only average for a role requiring tight franchise-level collaboration.

4

Team Building & Development

Builds and leads medical affairs teams including MSLs, medical information, and publications

Candidate provided concrete principles and operational follow-through for running productive advisory boards and medical education programs. The specificity and practicality of the examples support a strong above-average score.

Insights

5 STRENGTHS

Demonstrates deep, role-relevant scientific credibility in core neuroscience areas.
She described seven years in amyloid and tau biology and comfort discussing anti-amyloid mechanisms, ARIA, biomarkers, and endpoint debates with academic KOLs.

Has concrete evidence of influencing strategic decisions, not just supporting execution.
She changed the Alzheimer's Phase III design by advocating for iADRS as a co-primary endpoint using guidance, literature, and KOL input.

Shows strong KOL engagement capability and network depth in neurodegeneration.
She reported about 40 active relationships, including 15 tier-one neurologists, and linked advisory boards to investigator engagement.

Displays high self-awareness and honest gap assessment.
She was direct about limitations in regulatory exposure, neuropsychiatry depth, commercial partnership, and scaling leadership.

Uses data and structured problem-solving in conflict situations.
In resolving investigator selection conflict, she replaced principle-based debate with a quantified counter-proposal that won alignment.

4 CONCERNS

Breadth across all CNS sub-areas is limited relative to the full role scope.
She said, "Neuroimmunology I understand at a strategic level" and "Neuropsychiatry is my thinnest area."

Limited direct regulatory leadership exposure.
She stated, "I haven't personally presented to the FDA or led a regulatory interaction."

Large-scale leadership model is not yet proven.
She acknowledged, "managing managers is a different skill set from managing individual contributors, and I'd be learning that in real time."

Commercial partnership depth is underdeveloped.
She said, "I haven't been deeply embedded in launch commercialization, market access strategy, or outcomes-based contracting."

Key quotes

> That gives me about 12 years on the pharma side.

This anchors her level of industry experience and supports that she is not an early-stage leader making an ungrounded leap.

> Deepest in neurodegeneration — specifically Alzheimer's disease and Parkinson's.

This is the clearest summary of her scientific sweet spot and aligns strongly with the neuroscience remit, while also framing later breadth gaps.

> I'd need to build that through hiring and through deliberate learning.

This quote shows strong self-awareness and a realistic approach to closing gaps rather than overstating expertise in neuropsychiatry.

> **What broke the impasse was that I stopped arguing about the principle and pulled enrollment projections.**
>
> *This is a strong behavioral signal of maturity, pragmatism, and data-driven conflict resolution in cross-functional leadership.*

> **The risk I want to avoid is becoming the scientific expert who happens to have a leadership title — staying in the weeds because that's comfortable rather than operating at the level the role requires.**
>
> *This is highly revealing about her leadership self-awareness and understanding of the transition required from Director to Head.*

Recommendation & next steps

YES

Maybe - deep neurodegeneration expertise but a real gap in neuropsychiatry and regulatory-facing experience the Head role explicitly requires.

Role fit: **58%**

RECOMMENDED NEXT STEPS

1. Have her walk the panel through a concrete 100-day plan for building neuropsychiatry expertise from zero.
2. Clarify with the hiring committee whether direct FDA/EMA presentation experience is a hard requirement or a coachable gap.
3. Reference-check her cross-functional conflict example with the clinical development lead to confirm resolution style at scale.

SUGGESTED FOLLOW-UP QUESTIONS

You said neuropsychiatry is your thinnest area - what would your first hire or advisory addition look like to close that gap in year one?

Tests whether the self-identified gap has a concrete remediation plan or is only acknowledged in the abstract.

How would you adapt your KOL-network-building approach, which took years in neurodegeneration, to move faster in neuroimmunology and neuropsychiatry simultaneously?

Probes whether her proven network-building method scales to two unfamiliar therapeutic areas at once, not just one at a time.

Managing 30 people across three therapeutic areas requires leading through therapeutic-area leads rather than direct relationships - what's made you confident you can make that leadership-style shift?

She named this exact transition as an open, untested skill gap - worth probing for concrete evidence beyond self-awareness.

Interview details

CANDIDATE NAME	PUBLICATION EXPERIENCE	TRIAL PHASE EXPERIENCE	YEARS IN PHARMA INDUSTRY
Sofia	1	Phase II, Phase III	12

KOL ENGAGEMENT EXPERIENCE	OVERALL ASSESSMENT RATING	HIGHEST EDUCATION - PHARMA	THERAPEUTIC AREA EXPERTISE
1	Yes	MD/PhD	Neurology

KEY STRENGTHS

- Strong neuroscience medical affairs strategy ownership across multiple CNS assets, including launch readiness, evidence planning, and KOL engagement.
- Well-developed real-world evidence and publication planning discipline, with quantified examples tied to strategic decisions.
- High scientific credibility in neurodegeneration with clear examples of influencing program design, especially endpoint strategy in Alzheimer's.
- Robust neurodegeneration KOL network and practical skill in designing advisory boards and case-based medical education that changes clinician behavior.

KEY STRENGTHS

• Deep neuroscience expertise in Alzheimer's and Parkinson's, with clear command of mechanisms, biomarkers, ARIA, and endpoint strategy. • Strong strategic impact on programs, evidenced by influencing the Alzheimer's Phase III design to add iADRS as a co-primary endpoint. • Robust KOL engagement capability, with about 40 active neurodegeneration relationships and thoughtful advisory board design. • Demonstrated evidence-generation and publication leadership, including a 450-patient RWE study that informed strategy and produced three publications. • High self-awareness and learning orientation, openly naming gaps in regulatory ownership, commercial depth, neuropsychiatry, and scaling leadership.

AREAS OF CONCERN

The main concern is breadth versus scope of the role. She was explicit that neuroimmunology is only strategic-level knowledge, neuropsychiatry is her thinnest area, and her KOL network outside neurodegeneration is limited. She also acknowledged limited direct regulatory authority, incomplete commercial partnership experience, and that managing managers at a 30-person scale would be a real-time learning curve. These are credible, not hidden, gaps, but they matter for a Head role spanning multiple CNS sub-specialties.

CANDIDATE SUMMARY

Sofia is a Director of Medical Affairs currently leading neuroscience medical affairs at Aethon Therapeutics, with 12 years of pharmaceutical industry experience and deep expertise in Alzheimer's and Parkinson's disease. She brings strong scientific credibility, demonstrated impact on clinical and medical strategy, substantial KOL engagement experience, and hands-on leadership across evidence generation, publications, and education. She is notably self-aware about her gaps in neuroimmunology, neuropsychiatry breadth, large-scale team leadership, commercial partnership, and direct regulatory leadership. Overall, she appears highly credible and strategically strong for a step-up Head role, with the main consideration being whether the organization can support her scaling into broader CNS and enterprise-facing responsibilities.

NEUROSCIENCE KOL NETWORK

About 40 active neurodegeneration relationships, including 15 tier-one neurologists who chair guideline committees, serve on FDA advisory panels, and shape treatment thinking. Built largely from prior MSL work. Limited breadth in neuroimmunology (about five MS-focused KOLs) and essentially no established neuropsychiatry network yet.

MEDICAL EDUCATION PROGRAMS

Developed and led multiple medical education initiatives, including an ARIA education program with case-based workshops for community neurologists, MRI interpretation training for neuroradiologists, patient communication guides, and a regional workshop series on anti-amyloid therapy implementation. She personally ran 40 workshop sessions.

PHARMACOVIGILANCE KNOWLEDGE

Strong working knowledge of pharmacovigilance from a medical affairs perspective, especially around ARIA safety monitoring. She built AE reporting workflows for MSLs, collaborates on medical interpretation of safety data, and chairs a monthly cross-functional safety review meeting. She is less experienced in REMS design and management.

EVIDENCE GENERATION PLANNING

Owns the evidence generation portfolio and has designed company-sponsored RWE and IIS governance. Led a 450-patient, 12-center observational Alzheimer's diagnostic journey study that informed diagnostic access strategy and yielded three publications. Established a formal IIS review process aligned to strategic priorities, investigator track record, and study rigor, rejecting about 40% of proposals when questions or design were weak.

NEUROSCIENCE THERAPEUTIC FOCUS

Deep expertise in neurodegeneration, specifically Alzheimer's disease and Parkinson's disease; strategic knowledge in neuroimmunology/MS; limited operational depth in neuropsychiatry.

MEDICAL/SCIENTIFIC COMMUNICATION

Communicates with high scientific rigor and audience tailoring. She uses case-based workshops for community neurologists, pairs academic and community faculty, prepares extensively for KOL interactions, and translates complex topics like ARIA into practical prescribing, MRI interpretation, and patient communication guidance.

NEUROSCIENCE CLINICAL TRIAL OVERSIGHT

Leads medical affairs strategy across an Alzheimer's Phase III program and a Parkinson's Phase II program. For Alzheimer's Phase III, contributed to endpoint selection, patient selection criteria, ARIA monitoring protocol design, and investigator selection. For Parkinson's Phase II, designed the parallel medical affairs evidence plan including observational sub-studies and biomarker collection.

ASSESSMENT SIGN-OFF

		July 22, 2026	Yes
ASSESSED BY · TALENTBRIEF	REVIEWED BY	DATE	RECOMMENDATION