4 Key Insights When Raising Money for Your Medtech Startup: Interview with Bruce Shook, CEO of Intact Vascular

Bruce Shook joined Intact Vascular in 2014 as President and CEO. A highly-experienced, medical device executive with more than 30 years of industry experience, Bruce was previously Co-founder, Director, President, and CEO of Neuronetics, which is a privately held medical device company that markets a non-invasive brain stimulation technology for the treatment of depression.

Previously, Shook was Co-founder, Director, President, and CEO at Neuron Therapeutics, a venture-backed company developing a drug/device product for the treatment of CNS disorders. Before that, he served as President of Abiomed, where he successfully obtained a PMA approval for the first, FDA-approved ventricular assist device. Bruce developed cardiac pacing and anti-arrhythmia products at Cordis Corporation as well.

Bruce holds advanced degrees in Biomedical Engineering from Columbia University and Business Administration from the MIT Sloan School of Management. He earned a B.S. degree in Chemical Engineering from Penn State University.

Here are some of the things we're going to learn in this interview with Bruce:

- After a storied medtech career, the device that Bruce is most proud of.
- The origin story for the Tack Endovascular System and how it's different than current peripheral vascular stents.
- Bruce's transition from Cordis to Abiomed and what he learned both personally and professionally.
- Why Bruce decided to pursue an MBA from MIT after his run with Abiomed.
- How Bruce and his team at Neuron Therapeutics responded after their failed clinical trial.
- The lessons Bruce learned while trying to gain insurance coverage and reimbursement for the TMS device with Neuronetics.
- Bruce's advice for other medtech entrepreneurs that need to raise money beyond the "friends and family" round.
- Bruce's favorite business book, the CEO he most admires, and the advice he'd give to his 25-year-old self.

Scott Nelson: Hey Bruce, welcome to the program, we appreciate you coming on.

Bruce Shook: Thanks, great to be here.

Scott Nelson: Let's start with a summary of your career because it's been a pretty fascinating ride. From your early days at Cortis through your closed to 10 years of experience at Abiomed, another ten plus years at Neuronetics, now where you're at Intact Vascular, joining back in mid-2014. It's probably like asking a parent, "Who is your favorite child?" But I'll ask you the question nonetheless. Do you have a favorite medical device or one that stands out looking back at the entirety of your medtech career?

Bruce Shook: If you asked me which one had the most profound effects on people's lives, I'd have to say it was the NeuroStar System that we developed at Neuronetics. Major Depressive Disorder is a ubiquitous disease, and it's incredibly debilitating. I didn't fully appreciate that when we started that company but as we got into it, I was shocked at how debilitating it is. We developed an entirely new way to treat that disease at Neuronetics and it was highly effective.

I'm incredibly pleased and proud that it helped so many people with depression. I think the entire team at Neuronetics has made a fantastic contribution to the mental health field. If you ask me which technology resulted in the largest business opportunity, I'd have to say it with ventricular assist device we developed at Abiomed. That product was the very first VAD ever FDA approved, and it formed a cornerstone of sorts for what has become a very successful business.

Scott Nelson: It's good to get your thoughts on that. I'm sure there's probably hard to decide or have a definitive answer to that question. To be quite honest, I was loosely familiar with Neuronetics and NeuroStar. But then, of course, leading up to our conversation here, I did a fair amount of research, and it seemed like a pretty impressive journey over the course of about ten years.

Let's level set things for the audience. Can you provide an overview of Intact Vascular as we see it today? Then also, as a follow-up question, how does your device work and what does it treat?

Bruce Shook: Intact is a company that's entirely focused on developing endovascular innovations in the peripheral vascular space. Our flagship technology is called the Tack Endovascular System, and this is a system for the repair of arterial dissections that occur following angioplasty. They're essentially flaps that peel off the vessel walls, the function of balloon angioplasty.

The technology itself consist of implants, we call the "tack", which are small self-expanding nitinol devices. They're just about six millimeters long, so they're quite small and a novel delivery system to deliver them into the arteries. The delivery system houses multiple "tacks" and allows very targeted repair of the vessel right after the angioplasty procedure is complete.

Some of the advantages of the tack versus stenting are that it's designed to leave much less metal in the artery; 70 to 80% less metal. There's a very attractive idea, particularly for drug-coated balloon users. Drug-coated balloon users are a very rapidly growing segment of the marketplace. This is kind of a modern day take on vessel repair following angioplasty.

Scott Nelson: Got it, and the idea for this ability to tack a dissected portion of the artery, that early idea came from an experience that Dr. Schneider had during a Christmas break, correct? Years back?

Bruce Shook: That is true, and it's a funny story. Peter was hanging Christmas lights on his house with a staple gun and it occurred to him that he routinely encountered the same type of a problem inside arteries when he was in the Cath Lab performing angioplasty, and he wondered, "Why couldn't I just tack up these dissections or these flaps that get created by the angioplasty balloons instead of stenting the entire lesion?" Which was commonplace practice, still is today. This is the so-called full metal jacket approach, and it's overkill in many situations. He came up with this minimal metal solution to the problem, and we literally called the devices, as I said, "tacks" today.

Scott Nelson: Such a great story, especially considering where you're at in the life cycle of the product. Give us an idea of where Intact Vascular is regarding clinical data and regulatory approval process.

Bruce Shook: Well we've completed three OUS trials, there was a first-in-human trial that Dr. Schneider completed in Paraguay, a small initial study. Then we completed TOBA, which is just shorthand for Tack Optimized Ballon Angioplasty. Completed that trial, which was our first large-scale above the knee trial in Europe, 138 patients, and the results were recently published in the Journal of Vascular Surgery.

Then we've also completed a TOBA BTK, shorthand for below-the-knee, which is our first trial in that segment of a population, 35 patients, and the 12-month data were recently presented at SCAI, which is a major cardiology conference. We have CE Mark for our above-the-knee system, we will soon have CE mark for our below-the-knee system and then regarding what's happening now, we're nearing completion of a very large pivotal trial called TOBA2 for our above-the-knee indication.

I expect we'll complete enrollment toward the end of Q1 and that will be followed with a PMA submission once we have 12-month data. We are set to begin enrollment in our pivotal below the knee trial, TOBA2 BTK, we should commence enrollment in that trial in Q1 as well.

Scott Nelson: I'm acutely familiar with the peripheral vascular space, that's where I've spent most of my time in medtech, but for those listening that want to get a better understanding, there are limited below-the-knee treatment options for arteries that are diseased below the knee limited treatment options. So in looking at the animations that you guys have on your website and learning a little bit more about your technology, it seems like that it woul,d be pretty easy to generate interest from a lot of interventional cardiologists and vascular surgeons for below-the-knee applications.

Bruce Shook: Absolutely. You correctly point out that there are very few approved tools to treat that disease and in fact, there are no approved stents in the US to treat below-the-knee disease, and this is the very first large multi-site pivotal trial that FDA has ever approved for a vascular implant below the knee.

So I think we are well positioned to bring the very first vascular implant to the market for this disease, so it's very exciting.

Scott Nelson: I don't think I fully realized the full scope of those trials, both above-the-knee and then below-the-knee trials. One last question about those trials, regarding the structure, are you comparing to drug coated balloons? Or help me understand the involvement with DCB's because I do recall reading something about that aspect of your clinical trials.

Bruce Shook: Yeah, we're not comparing to DCB's in a contemporaneous way. These are not randomized trials. The tradition with stents in the legs is that they're typically single arm trials and the comparator is an objective performance goal that's derived from the literature. We are using our technology as an adjunct to drug coated balloon angioplasty, at least above the knee.

For example, in our TOBA2 trial, there are two groups in that trial. In one group, we're using our product to improve the results of plain balloon angioplasty, and in the other group we're using it to improve the results of drug-coated balloon angioplasty, and in each case, we're comparing to a relevant comparator.

Below the knee, we can't use a drug-coated balloon because there are no drug-coated balloons that are FDA-approved. We're really, at this point anyway, forced to use plain balloons below the knee.

Scott Nelson: That makes sense. Let's take a pause there; we'll circle back around to Intact Vascular and learn a little bit about the progress that you've made since joining in mid-2014. But let's use this opportunity to rewind the clock and go back in time and understand your career a little bit better. I want to ask you a few questions about Abiomed, and then we'll quickly transition to Neuron Therapeutics and then the eventual formation of Neuronetics. But talk to us a little bit about your experience at Abiomed.

You spent ten years there, eventually became president of the company. I think most people that are listening are probably familiar with Abiomed as it is today. I guess the first question would be, why did you make a move from Cordis to Abiomed?

Bruce Shook: Well, this goes back in time, but when I worked for Cordis, it was first and foremost a pacemaker company, it was the number two pacemaker company in the world, and it was the dominant part of the business.

The division I worked for, the implantable products division, ran into some very significant recall issues. It kind of collapsed the business; the division got sold, and the acquiring entity started to dismember it. The writing was on the wall concerning it being time to move on.

Along the way, I had become very excited about the idea getting into the startup world. Medical device startups were blossoming at that point in time. The opportunity came my way to join this little company in Danvers, Mass, called Abiomed. They had this ventricular assist device, and it had not been used in humans at that point, and they needed somebody to create a clinical research group and interact with the FDA. So they hired me to do that, that's where I started, I was one of the very early employees at Abiomed.

Scott Nelson: You eventually, I think going back to — you were there about ten years, I believe that you ended up leaving in '97 if my research is correct. You eventually rose up and became president of that company. Before we move on to your next move after that, do you recall a few specific challenges that you had to overcome and maybe what that meant to you either professionally or personally?

Bruce Shook: Sure. I mean, there were lots of challenges along the way. We were doing groundbreaking work in those days at Abiomed, the ventricular assist devices were kind of like scientific toys, they were not products at that point in time, nothing was FDA approved, nor had anything been through the kind of rigorous multi-site clinical trials that we would all expect today.

We blazed that trail for the VAD world at Abiomed; we did a lot of things for the first time. And anytime you're bringing a truly first of a kind technology through the FDA approval process, there's going to be lots of twists and turns. And that experience really taught me how to navigate that process, how to effectively interact with an agency that is naturally apprehensive about this new thing and how to survive the inevitable surprises.

Then the other thing we did for the first time as a company was to build a sales and marketing team from scratch. We had to transition that company from being an entirely R&D based organization to one that needed to market a very new and complicated product. Those transitions are tough; I learned a great deal from that experience.

Scott Nelson: That is interesting that you mentioned that. I have in my head this company was primarily built on innovative technology, and you finally get to a point where you need to start selling it and commercializing it. I bet that would be a pretty major shift in the lifecycle for any company.

Bruce Shook: It's a huge psychological change for the company because literally over the span of maybe six, nine months you go from an organization that is completely dominated by technical people to an organization where a third of your employees might be sales and marketing staff, right? That's a pretty wrenching change for people to go through.

Scott Nelson: After your time at Abiomed, you spent about four years at Neuron Therapeutics. But before we got here, I noticed that you ended up getting your MBA from MIT in the late 90's, it was probably around the time that you ended up leaving Abiomed. That stood out to me because certainly at that point in your career, you had a B.S. in chemical engineering from Penn State, a Masters in Bioengineering from Columbia, obviously very good schools, you had a ton of business experience.

I have to think there's a lot of people in the audience listening to this that are thinking, "Should I go back and get my MBA? I've got ten years of experience, is it worth it?" So I wanted to get your take on that before we move on to Neuron Therapeutics and Neuronetics.

Bruce Shook: Sure, you know, at the time, I felt that I had risen to a position at Abiomed that I hadn't been fully trained for. I had no training in finance, whatsoever. Nor did I know anything about raising money. Abiomed had gone public in the late 80's which was something that the then-CEO had handled.

I wasn't involved with that, and we lived off of those IPO funds. So there was no need to raise money. I thought that corporate finance was an area where I had to deepen my knowledge if I was going to lead my own startups, which is something that I was very focused on doing at that point in my career. I was very anxious to run my own show.

You know, Sloan was just a great fit for what I needed, and it's an amazing place, I ended up learning much more that I expected. It also was a springboard, allowed me to work my way into the startup world. I started my first company right after graduating, which was Neuron Therapeutics.

Scott Nelson: Let's use this as an opportunity to talk about Neuron Therapeutics. First, maybe address that the problem that you were trying to solve and then I want to ask a follow-up question about the clinical trial failure that you experienced, and what you did in response to that.

Bruce Shook: I started Neuron Therapeutics with some neuroscientists from Thomas Jefferson University in Philly, and we were working on an entirely new approach to treating ischemic and hemorrhagic stroke. We developed a synthetic form of cerebral spinal fluid that could carry enormous amounts of oxygen and could be circulated in the subarachnoid spaces around the brain. The whole idea was to oxygenate a scheming brain tissue, independent of the diseased vasculature.

We were going in the back door, so to speak. It was a very radical idea, and some great animal data was supporting the effectiveness of the idea. But as you correctly pointed out, we got into clinical trials, and it just didn't work in humans.

I think we didn't anticipate how difficult it would be to get acute stroke patients to the hospital quickly enough and we didn't appreciate that the complexity of the procedure itself that we

had created would cause vital delays. With a stroke, you can't waste a minute. The experience taught me the importance of building technology that is simple for the user. The technology itself may be complex, but you need to make things simple for the user.

Scott Nelson: When that happened, I'm curious to and learn a little bit more about how your team responded. Because I wonder if it's any different than a conversation I recently had with Kevin Sidow, who is the CEO of Moximed. They went through a period with their device where an FDA panel gave them a thumbs-down.

It almost forced them to become a little bit smarter and a little bit leaner, and it forced them into profitability and led them to kind of iterate and pivot. Obviously, it wasn't good news; it wasn't the news anyone wanted to hear at that point, but it did allow them to shed some weight, and then springboarded them into a better position moving forward.

How did you and your team deal with this news?

Bruce Shook: We had IDE approval to do this study. It was a relatively small study, it was a pilot study, and it was us looking at the data, looking at the results, and we concluded that it just did not work the way we thought it would. We didn't believe that there was anything that we could do to make it work the way it needed to work.

That was a decision that our team made in conjunction with the board of course and we ended up selling the IP off, and that was that. Much of the team stuck together, and we all went on to form Neuronetics about nine months later.

Scott Nelson: Speaking of Neuronetics, when you look at the technology now, it's been featured on the Daily Show, Doctor Oz, pretty well-known publications across the US if not across the world is a pretty broad utilization. But it certainly wasn't all rosy; it certainly wasn't easy along your journey. Your TMS device, that got a thumbs-down from the FDA advisory panel, is that right?

Bruce Shook: Yeah, it was a controversial panel meeting, let's put it that way, yes.

Scott Nelson: Talk to us a little bit about that. I think that panel meeting was early 2007 right?

Bruce Shook: Yeah, sounds about right.

Scott Nelson: So mid-2007, and so here you are with this technology, and the FDA gives you the thumbs down for something that you strongly feel is working and is proven. So walk us through that time and how your team worked through that experience.

Bruce Shook: Right. Well, first of all, we were thoroughly convinced we had something that worked. It is true; we missed our primary end point by a minuscule amount, I think seven one

thousandth of P value point. It was a trivial miss on the primary end point, and we had multiple secondary measures of efficacy that were very positive and when you add to that, the fact that the safety profile of the NeuroStar Technology is far superior to drug therapy.

It seemed ridiculous to us to not have this therapy out there and available to the appropriate patients. The treatment options at the time for depression were limited to just drugs and shock therapy, and we clearly thought we had something unique to add to that mix. So we worked with FDA relentlessly, and we did dozens of analysis demonstrating the effectiveness of the treatment. We brought some of the most accomplished people in psychiatry into the discussion who were very supportive.

We ultimately refiled the application after the panel meeting as a De Novo 510(k) application, something that the FDA wanted us to do. And ultimately, the FDA decided to reconvene some of their psychiatric experts to look at the data and some of the analytical work that we had done and that was enough to win the day and move us to clearance.

Scott Nelson: So looking back at that experience, would you do anything differently? Let's say you had a hypothetical company and ran into that same scenario where the FDA or a regulatory body was being overly difficult, what advice would you give the other founders that are in the same scenario?

Bruce Shook: Well. I think the first bit of advice I would give anybody is that civility matters no matter how difficult the discussion may get. There is absolutely no point in getting angry and getting emotional about it. The discussion should be based on the scientific facts, and you need to focus it on the scientific facts. I also think that bringing incredible, skilled, and knowledgeable clinicians who are in no way conflicted into the discussion is very, very helpful.

I think you just need to understand the real source of whatever the agency is uncomfortable about. They're smart people, and they have a job to do just like all of us do and typically, if you can marshal data- based arguments that make sense and they're valid, you can convince people. So I think you keep it focused on the data and the risk-benefit profile of the technology and you do the best you can to make your case.

Scott Nelson: I love your response on not getting emotional about any decision that comes down. I think it's easier said than done, but a good reminder for anyone in a similar scenario. At the end of the day, to your point, civility and the science will win. Maybe with a little bit of persistence, the science and the data will hopefully win the day, but good point nonetheless.

I want to quickly hone in on the coverage and reimbursement aspect to Neuronetics and what you accomplished there because, as I mentioned earlier, it seems like there's some better insurance coverage on TMS therapy now - and that obviously wasn't always the case. So can you talk to us a little bit more about your approach to not only gaining coverage but also getting reimbursement for that particular therapy?

Bruce Shook: Reimbursement was, I think, one of the toughest obstacles that we had to overcome. Neuronetics is now at full, or very near full, reimbursement of the technology, but it took six or seven years of really hard work to get there. We had to secure new CPT 1 codes, which is a very challenging and political process. We had to work with every insurer in the land to secure coverage policies and then once you have policies in place, you have to frequently do battle over the payment amount.

So I would say that reimbursement for first of a kind technology is a substantially higher hurdle than FDA approval partly because you have to deal with so many players simultaneously. So if I were to give advice to other people, I think we all have to be extremely thoughtful about the reimbursement hurdles that any new technology presents as part of your upfront diligence process. For example, a technology that demands new CPT 1 codes is going to consume much more time and money than one that can leverage existing codes.

So if you do go down that road, you have to be willing and able to invest in a broad clinical development program, something that is going to generate compelling randomized data and you have to have the right people working reimbursement for you. It is a skilled position, and I give a great deal of credit for the reimbursement success at Neuronetics, to Mary Hailey who ran our reimbursement team. She did an extraordinary job.

Scott Nelson:
Yeah. With so many stakeholders being involved, this question comes up again and again in the sense that coverage and reimbursement are becoming the biggest hurdle regarding the evolution of a certain medical device technology, especially when you are dealing with private payers. Because there's so many of them and it's just a different beast overall. So I've got to think that you've probably learned quite a bit during that process dealing with so many different private payers and the TMS Therapy.

Bruce Shook: Yeah, you can't underestimate the difficulty of winning that war and I don't think you can underestimate the time and money required to wage that war either.

Scott Nelson: Looking back over your ten years at Neuronetics, is there anything else that you think is worthy of mentioning or something that you look back and think, "Wow, I'm proud that we did this and didn't go in that certain direction"?

Bruce Shook: I think that the fact that we invested so much effort and so much money in clinical development early on at Neuronetics ultimately saved us, particularly when it came to reimbursement. We ended up with two large randomized controlled trials. One that we exclusively funded as a company and then the other that NIH-funded (and we supplied the equipment). I think having those two trials allowed us to ultimately develop all the reimbursement that's in place today. It took a long time, and it took a lot of cash, but it was money very well spent.

Scott Nelson: I think to your point earlier about even getting a CPT category one code, the level of clinical evidence that's needed, if one has to potentially go in that direction, better to make sure that you allocate the proper budget for the clinical trials up front.

I'm curious to learn a little bit more about your transitioning out of Neuronetics. So what brought you out of there in the first place?

Bruce Shook: Yeah, I was recruited into Intact by Sherrill Neff from Quaker Partners. Sherrill's one of Intact's early investors and board members and was also a long time investor and board member at Neuronetics and the company is just down the road from Neuronetics.

I thought the technology was fascinating and it was a wonderful fit for what is happening in the peripheral vascular space and the team was very skilled. So the company needed leadership and cash and I was quite confident that I could acquire both of those things. It's been a great fit.

Scott Nelson: I think at that point, Intact Vascular, the company had raised a series A back in 2012 and then you came on board about a year later. You raised a pretty hefty series B of $38 million. That was led by NEA, correct?

Bruce Shook: Right. I brought NEA and Justin Klein into the investing syndicate. They were joined by Quaker and HIG Bio Ventures, both of whom had participated in the A round.

Scott Nelson: What advice would you give to other medtech entrepreneurs out there who are at a stage where they've raised maybe some angel money and maybe earlier on they raised some friends and family rounds, but are ready for that next step? Whether they need to raise a larger syndicate through angels or they need traditional venture capital money, do you have any best practices or what's your general thought process on that?

Bruce Shook: Yeah, I can offer a few thoughts. One is that you need a very clear message on everything from the market and the customers you're going to serve to the clinical trials you plan to run to projected COGS to health economics and everything in between. You can't cut corners on preparation before you're in front of investors that matter and if you need to, find the experts who can help you in areas where you're not strong. Nobody knows everything, so I think you need to supplement yourself with people that have, the necessary expertise - like health economics for example.

The second thing that I would suggest is that you test drive what you're going to present with people who are not going to invest but can and will be critical of you. You want to present to people who can rough you up before you're ever in front of a prospective investor that really matters. I found that to be very, very helpful in refining the pitch and figuring out where the soft spots are. Another thing I think that's really helpful is if you can find warm introductions to investors, you are much, much more likely to get an audience with that investor than if you're trying to go in cold - articularly if you're relatively new to the money-raising game and people don't really know you well.

Then lastly, this is a mistake I've seen other people make a lot. You have to minimize the amount of time that you're talking. If you have 60 minutes with an investor, you ought to be able to tell your story in 20 minutes. Now, they're going to ask questions, and you're going to fill that hour, but I think people sometimes are so anxious to tell their stories in all their glory that they go on for the full hour and I think that's a very big mistake. You have to hone the pitch such that it's concise and fits in roughly the 20 minute time span.

Scott Nelson: Four solid points that would be valuable for anyone listening that's in the similar situation and especially with respect to your point about actively seeking out those experts to help you craft a certain story. I had a conversation earlier this week with Dr. Bob Smouse who's a practicing interventional radiologist but is one of the founders of Brightwater Medical, and it's a therapy that's close to home for him. But he actively sought out other people that had the domain expertise that he clearly didn't have, which I completely respect. It's one of those things that is probably a little bit easier said than done especially if you're knee-deep with the device, in the business, etc.

Bruce Shook: Yeah, you have to give them a multifaceted story. Get all the help you can with each facet.

Scott Nelson: As we look to wrap up this conversation, in regards to your clinical trial, you expect to submit your PMA to FDA in Q1 of 2017, is that right?

Bruce Shook: Well, we are already in the midst of the PMA submission process. We're following a modular approach, but the real trigger for the final submission to FDA will be 12-month data, which we would get in early '18.

Scott Nelson: What's next for Intact Vascular, outside of the clinical data - can you speak to that?

Bruce Shook: The next big milestone for us will be the startup of TOBA2 BTK, the pivotal below-the-knee trial that we talked about earlier and we'll be enrolling that trial for roughly the next 24 months. So that really will take us out into 2019 between the pivotal below-the-knee trial enrollment and the completion of our above-the-knee pivotal trial and submission of our PMA.

Scott Nelson: With respect to Intact Vascular, you've been there since mid-2014, about two and a half years now. Looking back over that time, is there anything else that you think will be valuable for the audience to know and understand?

Bruce Shook: I think we have a unique opportunity here at Intact. We are bringing a very differentiated technology to a very well established market with our above-the-knee offering, and we're a first mover in a nascent market with our below-the-knee offering. So in many ways, it's the best of all worlds. I think it's a unique opportunity.

Scott Nelson: We'll end our discussion with the last three rapid-fire questions. They're rapid-fire questions, but they don't necessarily have to be rapid-fire answers. So feel free to expand a little bit. So Bruce, what's your favorite business book?

Bruce Shook: That's a very tough question. I think if I had to pick one, I would pick *Crossing the Chasm* by Jeffrey Moore. I think it's a seminal work on the topic of new technology adoption. I would say it's a must-read for any entrepreneur who's interested in bringing truly new products to the market and I read it very early in my career and found it fascinating. It taught me how to think differently about new product introduction.

Scott Nelson: Question number two, is there a CEO that you're following right now or maybe one that's inspired you in the past?

Bruce Shook: I've been impressed with what Scott Drake has done at Spectranetics. He and Shar Matin, their COO, I think they've done a phenomenal job with that company. They turned around a difficult situation, and they made a very smart acquisition with their purchase of the Stellarex drug-coated balloon technology from Covidien. So that's definitely a company to watch. I think they've done some really great work there.

Scott Nelson:
So the last question, Bruce, if you had the chance to jump in a time machine and rewind the clock, what would you tell your 30-year-old self?

Bruce Shook: Oh, I think I'd probably say, "Sell everything you own and buy that Apple stock the first time you saw the Apple computer." I wish I've done that. Beyond that, I guess I would tell myself that you have more influence than you appreciate and you should use it.

Scott Nelson: Great way to end the discussion. Thanks again for your willingness to spend some time with us.

Bruce Shook: Oh sure, I enjoyed it.