From Musician to Physician to Clinical Scientist: C-Path CEO Klaus Romero Shares His Journey During National Physicians Week

Every year, National Physicians Week is celebrated from March 25-31, a time to honor the dedication and resilience of our doctors worldwide. The 2025 theme, “Together We Thrive,” celebrates the power of unity in healthcare—recognizing the impact of physicians, fostering mentorship, and supporting the next generation of healthcare leaders.

This theme of togetherness and collaboration parallels the work C-Path does every day. Our public-private partnerships bring together industry executives, scientists, academic researchers, regulators, and patient groups to advance drug development worldwide.

In celebration of National Physicians Week, we sat down with C-Path’s CEO Klaus Romero and asked him about his journey from a physician—and a shredding musician before that—to clinician scientist, to his current executive leadership role.

Before C-Path, before being a physician even, it’s been well-documented that you were a musician. You have, in fact recently described yourself as a “happy musician who happens to be a clinician scientist.” Can you detail what urged you to make that transition, first from musician to physician?

My journey from music to medicine was, in many ways, a process of discovery. As a musician, I was deeply attuned to the importance of creativity, emotion, and expression, all of which are critical in their own way to understanding ourselves as humans. However, growing up with music, I also found myself increasingly drawn to the sciences and the potential to apply critical thinking and analytical skills to real-world problems. I wanted to have an impact on people’s lives in a more direct way. Medicine, for me, represented a way to blend my passion for problem-solving and my deep curiosity about the human body with the humanistic, empathetic values I’d cultivated as a musician. While it may seem like an unlikely shift, I’ve always believed that the creativity I honed through music—whether in composition or performance—prepared me for thinking outside the box in medical practice and later in research.

And, secondly, what drove you to transition from physician to clinician scientist?

My transition from clinical practice to a scientific career was driven by a deep desire to make a broader impact on patient care. In clinical practice, I could generate patient impact at an individual level, but I realized that, as a clinical pharmacologist and epidemiologist, if I focused on accelerating drug development, I could potentially improve outcomes for far more patients through advancements in medical science. It

wasn’t just about treating patients one at a time, it was about addressing global health challenges at scale, particularly in the realm of drug development and regulatory science. The opportunity to influence policy, streamline clinical trials, and accelerate therapeutic innovations motivated me to take this path.

As a physician, you were directly involved in patient care. How do you ensure that patient-centric values remain central to C-Path’s mission as you now lead from the top?

At C-Path, we take a patient-focused approach in everything we do, and this is something that stems directly from my own clinical background. Having seen patients’ lives up close—understanding their fears, hopes, and needs—has deeply informed the way I think about medical innovation and regulatory science. While we’re focused on advancing science and accelerating the development of treatments, I remind myself every day that our ultimate goal is always to improve patient outcomes. Whether it’s through creation of more efficient clinical trial designs, engaging with regulatory agencies to optimize patient safety, or driving new biomarkers and endpoints that are directly relevant to patients, we stay laser-focused on making sure that patients’ needs are at the heart of our mission. This perspective is ingrained in our work at C-Path, and we continuously prioritize collaboration with patient groups and the broader healthcare ecosystem to ensure our efforts are aligned with patient-centered values

How did your medical training prepare you for the complexity of clinical trials, regulatory strategies, and working with government agencies in your roles at C-Path?

My medical training laid the foundation for how I approach complex, multifaceted challenges in clinical trials and regulatory science. In clinical practice, I learned to be methodical, to assess risks and benefits, and to think critically about how to achieve the best outcomes for patients. This clinical mindset is essential when designing clinical trials, evaluating data, and engaging with regulatory agencies. The ability to break down complex problems into manageable parts, understand the nuances of patient populations, and anticipate potential barriers are skills that were honed through my direct patient care experiences. At C-Path, I leverage this perspective to bridge the gap between scientific research, regulatory frameworks, and the realities of healthcare delivery, ensuring that we remain focused on patient impact while navigating the regulatory landscape

What advice would you offer other physicians who are considering making a similar transition from patient care to a clinician scientist, or even to an executive role in the medical innovation industry?

My advice would be to embrace the transition with open-mindedness and curiosity. As physicians, we are trained to gather relevant information to establish what the underlying problem is (diagnosis), and to use this information in the context of the individual patient to devise a treatment strategy (solve problems), and that mindset is crucial in research and innovation. This mindset is key for our work at C-Path, since we first leverage data to determine what the unmet drug development need is (diagnosis), to then propose drug development tools that can address the unmet need (treatment plan). But transitioning from patient care to a clinician scientist or an executive role involves expanding these skills to systems thinking—thinking beyond the individual patient and considering broader healthcare challenges, policies, and solutions. I would encourage physicians to stay close to their clinical roots, as that perspective is invaluable in ensuring that innovations are truly patient-centric. But also, I would advise them to be willing to step outside their comfort zones, collaborate across disciplines, and learn from those in fields like regulatory science, technology, and policy. The ability to bring a physician’s perspective to the table is incredibly valuable, and we need more physician-leaders in the field of medical innovation.

Klaus with VP of C-Path's Neuroscience Program, Dr. Diane Stephenson

How do you envision the future of C-Path in advancing regulatory science, and how do you continue to draw from your clinical experience to guide those efforts?

At C-Path, I envision a future where regulatory science evolves in advance of the rapidly advancing medical and technological landscapes, making the process of developing new treatments more efficient, transparent, and patient-centered. We are committed to driving innovation in drug development and regulatory science to accelerate the delivery of safe and effective treatments to patients. The future of regulatory science lies in utilizing more precise, tailored approaches to clinical trials and outcomes measurement, and C-Path is at the forefront of that transformation. My clinical experience guides this effort by reminding me that every regulatory decision, every trial design, has to ultimately be about generating actionable evidence for the efficacy and safety of novel medical products. Whether we're advancing novel biomarkers, developing new outcome measures, generating unique integrated patient-level databases, or developing quantitative drug development solutions, my background as a physician continues to ensure that patient-centricity is always at the forefront of our work. This is the guiding principle that shapes our approach to everything we do.

Dr. Klaus Romero is a prominent clinician scientist and scholar, who serves as both the Chief Executive Officer and Chief Science Officer at Critical Path Institute. As a recognized thought leader, Dr. Romero established C-Path's Quantitative Medicine Program and has been an instrumental leader in the growth of the organization's portfolio of transformative consortia and public-private-partnerships across more than 16 therapeutic development areas. As both a scientist and an executive, Dr. Romero led the generation of actionable drug development tools in Alzheimer's disease, which introduced a transformation in the drug development process for this indication. In tuberculosis, Romero's leadership was instrumental in generating a drug development infrastructure that allowed the approval of the first new individual drug and the first new regimen for this disease, in more than 50 years. Dr. Romero's leadership has also resulted in the transformation of therapeutic development paradigms for many other diverse areas, like polycystic kidney, Parkinson's and Huntington's diseases, as well as type 1 diabetes prevention, kidney transplantation, Duchenne muscular dystrophy, and several other rare and orphan indications. As a trained clinical pharmacologist and epidemiologist, Dr. Romero is a fellow of the American College of Clinical Pharmacology, a founding member of the International Society of Pharmacometrics, as well as a member of

the American Society for Clinical Pharmacology and Therapeutics, and the International Society of Pharmacoepidemiology. He is also an Associate Research Professor at the University of Arizona, as well as an Adjunct Professor at the University of Southern California and Arizona State University.