

### The International Consortium for Personalised Medicine

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## Personalised Medicine – A definition

Characterisation of individuals' phenotypes and genotypes (e.g. molecular profiling, medical imaging, lifestyle data) for tailoring the right therapeutic strategy for the right person at the right time, and/or to determine the predisposition to disease and/or to deliver timely and targeted prevention".

According to: Horizon 2020 and

European Council Conclusions on personalised medicine for patients (2015/C 421/03)



## **Context for personalised medicine**

- Starting point for medical interventions should not be the disease but the patient, with his or her individual characteristics
- Have complete decoding of the human genome; rapid sequencing techniques; rapid processes for analysing biomaterials; ability to analyse large datasets
- Ineffective treatment / side effects cost to patients and healthcare systems
- Existing diagnostic methods don't always provide clear results; delays cause a physical and psychological burden; allow the disease to progress



### For patients

- Targeted prevention of diseases: aim is to prevent or delay development of a disease.
- Early detection and treatment
- More precise diagnosis and more effective therapies; avoid trial and error approach to treatment; avoid unwanted side effects and ineffective treatments
- Develop new therapeutic procedures and products (still no effective treatment for many conditions)



### For healthcare system

- Concern about costs two views:
  - Innovative or new treatments may cost more: e.g. more sophisticated diagnosis, production of drugs for small patient groups
  - But more specific diagnosis could lead to savings: avoid useless investigations, ineffective treatments. Shorten or even avoid periods of illness
- Better prevention and early detection on a broad scale should reduce costs



### For healthcare industry

Industry already aware of potential of PM; SME biotech companies in particular; partnering with pharma.

- Closing innovation gaps: difficulty of drug development and expiry of patents major challenges; need new approach.
- Reduction of R&D costs: stratify patient groups carry out clinical studies with fewer test subjects. May speed up the process.
- Expanded use of approved drugs: more targeted use of approved drugs means their use can be expanded.



### For society

- More scope for personal decision making, esp. when it comes to detection of diseases and to selection of preventive and therapeutic procedures.
- More self-determination (but also an expectation that individuals take greater responsibility?)
- Use of personal data: how to balance the protection of personal data with the potential for using this data to save lives (needs input from humanities, law and social sciences)



## PerMed - a CSA

- Coordination and Support Action, financed by the European Commission (FP7)
- Title: "Personalized Medicine 2020 and beyond Preparing Europe for leading the global way"
- Aim: Dialogue platform; strategic research and innovation agenda
- Duration: 24 months (2013 2015)
- Budget: 500,000 Euro
- 27 partners from 14 countries



## **PerMed - Objectives**

- Step up coordination efforts between European key stakeholders
- Allow synergies and avoid duplication or competition
- Ensure maximum transparency and openness
- Identify and discuss gaps & needs with stakeholders
- Identify promising research topics and developments
- Make strategic recommendations on how to foster the implementation of Personalised Medicine



## 18 partners and 9 cooperating partners

- Research and Health Ministries,
- Funding Bodies
- Research Institutes, Industry, SMEs, Foundations and Societies
- Connected to other European initiatives

(e.g. EuroBioForum, ESF, EAPM, CASyM, 3GBTest and EPEMED)





# SRIA – 35 Recommendations in 5 Challenges

### Challenges

- 1 Developing Awareness and Empowerment
- 2 Integrating Big Data and ICT Solutions
- 3 Translating Basic to Clinical Research and Beyond
- 4 Bringing Innovation to the Market
- 5 Shaping Sustainable Healthcare

#### Research areas

- A) Biomedical, health-related ICT and health research
- B) Humanities and social sciences research
- C) Improvement of the framework for implementing PM



# ICPerMed - Background

### <u>Timeline:</u>

- Building on PerMed (2013-2015)
- Several workshops organised by the European Commission
- Conference on Personalised Medicine in June 2016
- Official launch: November 2016



## ICPerMed – an international consortium

Aim: to bring funders, ministries and EC together to coordinate and foster **research** in personalised medicine

- Over 30 European and international partners
- Representing ministries, funding agencies and the European Commission (EC)
- International consortium model (similar to IRDiRC or IHEC)



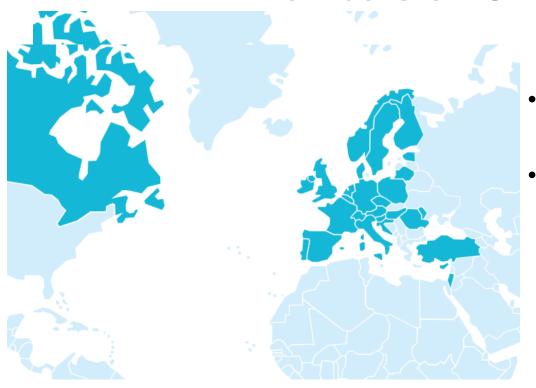
### **ICPerMed Vision Statement:**

### Research as driver of personalised medicine

- Establish **Europe as a global leader** in personalised medicine research.
- Support the **personalised medicine science base** through a coordinated approach to **research**.
- Support research to investigate the benefits of personalised medicine to citizens and healthcare systems.
- Pave the way for personalised medicine approaches for citizens



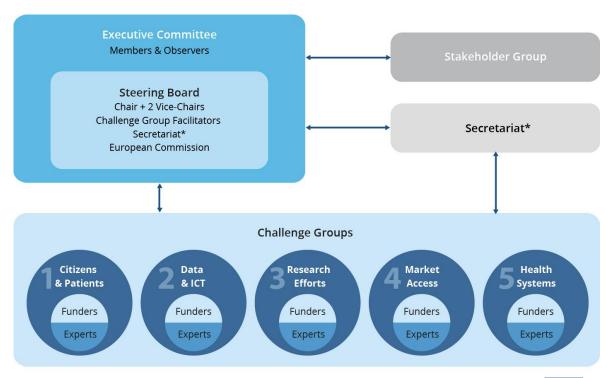
### **Members of ICPerMed**



- 30 funding bodies from EU member states and beyond
- Public and private 'not for profit' health research funding and policy organisations



## **ICPerMed Governance**

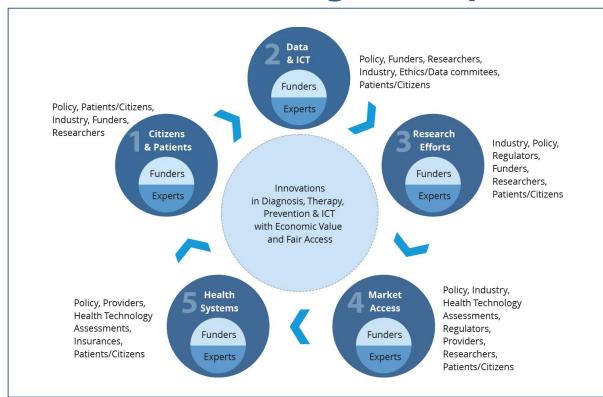


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## **ICPerMed Challenge Groups**



Whole healthcare value chain and beyond

- 1. Citizens and Patients
- 2. Data & ICT
- 3. Research Efforts
- 4. Market Access
- 5. Health Systems

**Funders & Experts** 

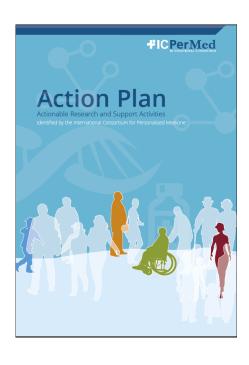


# ICPerMed – Development of the Action Plan





### **ICPerMed Action Plan**



- 22 Actionable Research and 8 support activities
- Will feed into national and European strategic discussion of research funders

Released in March 2017



## **Action Plan – Data**

### A.1 – A.8 Research

- Quality, harmonisation, integration of data
- Structured data from unstructured sources
- Data sharing
- Data security, privacy and ownership
- Telehealth and Telemedicine

## **B.1 Support – Structures**

High-quality, sustainable databases



# **Action Plan – Technologies, Methods and Processes**

### A.9 – A.18 Research

- Preclinical models, translation, clinical trials, longitudinal cohort studies
- Health economics and pharmaeconomics
- Classification of diseases at molecular level
- Regulatory structures
- surveillance methods



# **Action Plan – Technologies, Methods and Processes**

## B.2 – B.6 Support

- Biobanks; population and disease cohorts
- New funding models, integrating health care providers
- New research and technology transfer strategies
- Financial and risk-sharing instruments
- Optimisation of health systems for implementation of PM



## **Action Plan – People**

#### A.19 - A.22 - Research

- Health and digital literacy
- Instruments for public engagement
- Ethical, legal and societal perspectives\*

### B.7 – B.8 Support

- Health system sciences in education of healthcare professionals; e.g. health system sciences
- Sustainable resources for educating citizens and patients on involvement of patients



## **Next steps for ICPerMed**

- Developing work programme to implement the Action Plan
- ERA-Net Cofund in personalised medicine (ERA PerMed) first call for proposals 2018 (up to 3 more calls)
- Database of EU wide personalised medicine activities (to inform funding priorities, funding strategies, policies) + partnering tool
- Mapping project PM related initiatives
- Series of workshops and conferences over next four years



# How to get involved

- ICPerMed Partnering Tool: search for partners and present your expertise to the personalised medicine research community
- ERA-Net in personalised medicine research: first call for proposals to be published in 2018
- Sign up for alerts



### More information about ICPerMed:

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www.icpermed.eu.