



UNTAPPING PERSONALISED MEDICINE POTENTIAL

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Tailor-made prevention and treatment strategies for individuals are considered among the most promising breakthroughs in the European Health Union, launched in the aftermath of the COVID pandemic to reshape the way healthcare is dealt with across the bloc.

The emerging field of research known as 'personalised medicine' investigates technological advances that are able to predict which treatment will be best for each patient.

Nanotechnologies and digital health services are set to be major forces for change in shaping the nascent personalised healthcare sector.

In this series of articles, EURACTIV reports on how local policymakers can play a crucial role in the uptake of personalised health due to their more immediate connections to citizens.



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INTERVIEW

Personalised health needs patients' trust, data access to bloom, says expert

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By Amalie Holmgaard Mersh and Gerardo Fortuna | EURACTIV.com



Gianni D'Errico is the international project officer at Toscana Life Sciences Foundation and coordinator for the Regions4PerMed project

Citizens should be the primary target when it comes to health data and the uptake of personalised medicines, as the more they are involved, the greater benefits our healthcare systems will have, said health expert Gianni D'Errico.

Gianni D'Errico is the international project officer at Toscana Life Sciences Foundation and coordinator for the Regions4PerMed project.

What difficulties in the uptake of personalised medicines are you currently experiencing, from a technological point of view?

Fragmentation of available health data sources, as well as the lack of data access policies that would enhance the research and innovation, are still needed and remain a barrier to the implementation of personalised health.

There is also a lack of adequate reimbursement schemes based on risk-sharing approaches which, on one side, can incentive pharma and diagnostic companies to accelerate market placement of innovative therapies and, on the other side, allow the healthcare systems to broaden access to innovative therapies to

patients and citizen.

And from a more organisational standpoint? Is the EU health environment ready?

Investments in education and training are still sub-optimal. New training programs still need to be supported in order to train new professional profiles that will manage the transformations personalised healthcare is bringing: a mix of clinicians, doctors, biologists, nurses, managers, sociologists.

The pandemic has emphasised the

need to strengthen our cross-border health cooperation, so how can be this concept translated into personalised health efforts?

The pandemic stressed the need for accessibility of care in the right place, anytime. It has boosted the use of telemedicine and highlighted the importance of the ‘neighbourhood’ care model which today can be leveraged to further increase the levels of personalised health services.

The reduction of data fragmentation, investments in data infrastructures, modernisation and updating national and regional policies are core priorities of personalised health approaches but also represent key changes in managing health crises such as the one created by the Sars-CoV-2 virus.

A recent [European Parliament report](#) has called for the full use of cohesion policy funds to abolish health inequalities. What kind of regional cooperation is needed to realise personalised health efforts? And how do you suggest we get there?

Cohesion policy funds are definitely the right tool to mitigate health inequalities, favour research and development investments and further support the implementation of personalised health. Exchange and transfer of experience which lead to policy modernisation and joint cross-regional projects need to be further supported – among others, investing in the health workforce, digital infrastructures and increased level of collaboration with the private sector.

Do you think, as the Parliament does, that personalised health efforts benefit from cohesion policy funds?

Definitely. In my opinion, personalised health is a concept from which all patients and citizens benefit through technology and innovative

therapies. Cohesion policy can provide additional financial resources which are needed for its development. Of course, we need policymakers to be aware and responsive, and this was one of the reasons why we organise this institutional conference in Brussels titled “[Bringing personalised medicine in people’s hands: the role of European regions.](#)”

How can we ensure that personalised health efforts reach out to all areas of the EU to not contribute to deepening health inequalities?

The only way to act is through health and innovation policy as well as empowerment of regional and local authorities: investments in regional health data repositories, exchange of experiences, healthcare modernisation, digital transformations and public-private partnership are backbones of these potential benefits.

What kind of investment does the personalised medicine sector need? And in which technology?

We need to invest more in coordinated research activities. Prevention is the strongest strategy that decision-makers have in order to implement personalised health approaches while maintaining sustainable healthcare systems. Digital solutions, screening, better and less invasive diagnostics are other key investments to support this effort.

Promoting cross-regional health research projects with dedicated funds and specific requests to create data sharing strategy is paramount, and in this sense, the forthcoming European Partnership on Personalised Medicine is the right way to go.

In a leaked draft of the European Health Data Space proposal, the Commission seems to insist on the

concept of trust. “The use of data needs trust, built on data protection and cybersecurity,” it reads. How important is it to reinforce this concept of trust?

The general data protection regulation (GDPR) rightfully lays strict rules for the collection and management of health data. We need to clearly define and explain to patients and benefits that a correct use of data can bring to citizens’ health. They need to be the primary target of communication and dissemination strategies. The more citizens are involved, the greater benefits our healthcare systems will have. Trust also relies on solid data protection mechanisms and cybersecurity strategies to prevent any data breach or its misuse.

Secondary use of health data is a controversial issue, but this kind of data is also crucial for research purposes. What’s your take on that?

According to the GDPR provisions, secondary use of data is unclear and poses big legal concerns. In this context, the renewed European data strategy and the Data Act approved by the Commission on 23 February make an important contribution to digital transformational and personalised medicine, as it allows public sector bodies to access and use data held by the private sector.

That is necessary for specific public interest purposes and increases legal certainty for companies and consumers who generate data. It defines who can use what data and under which conditions and it lists incentives for manufacturers to continue investing in high-quality data generation.

Uptake of personalised medicines relies on EU regions' activism

By Amalie Holmgaard Mersh | EURACTIV.com



Cancer patients receiving chemotherapy treatment in a hospital.
[Goodbishop/Shutterstock]

Article available in [French](#).

The activism of regions can play a critical role in ensuring the development of personalised medicine, according to health policymakers and stakeholders.

The emerging field of research known as 'personalised medicine' investigates technological advances that can predict which treatment will be best for each patient.

Research on personalised medicines has been supported at the EU level since the 7th framework for research in 2007 and was expanded in the subsequent programme Horizon 2020.

European health ministers also

invited the Commission to continue its support for research on personalised medicine in their [EU Council conclusions](#) adopted in December 2015.

"In order to see personalised medicine become a reality, there needs to be demand for it. Most of the time [that demand] comes from the regions. So their role there is essential," said Carmen Laplaza Santos, head of unit in Health Innovations & Ecosystems at the European Commission's DG for Research and Innovation (DG RTD), at [a recent event](#).

She added that regions are also crucial for knowledge-sharing. According to her, it does not make sense nowadays to start from scratch on the matter, as many others have

already thought about it and developed a way of doing things in a smart way.

"So for us, the importance of the involvement of the regions also goes in that direction – how to ensure that we learn from each other," the Commission official said.

European regions can count on the massive financial instrument of the Cohesion policy, which represents a third of the EU budget devoted to promoting growth, especially in areas lagging in development.

There has been a recent push from the European Parliament to focus funds from the Cohesion Policy on ensuring equal access to health care facilities across Europe.

The amount of active participation of regions in personalised medicine development is good news for Ejner Moltzen, who is the chair of ICPerMed – International Consortium for Personalised Medicine.

The consortium was established in 2016 with the help of the European Commission and is a member state-led initiative to identify priority research actions to be financed by both Member States, Horizon 2020 and international partners.

“We have to make some real effort in order to try to get all the regions onboard,” Moltzen said and added that it is an important factor to combat health inequalities.

“[If not] it could create some bad things—for example, health tourism. We want everybody to get the best possible treatment where they are. And I think that’s something we need to think about,” he said.

PERSONALISED MEDICINES REQUIRE RENEWED HEALTH SYSTEMS

Personalised medicine and a focus on tailoring the right medical treatment for each individual is gaining more and more ground, now becoming more feasible to benefit everyone, Moltzen, who has been following the field for more than a

decade, told the audience.

“It started out being some kind of scientific oddity, which might become relevant for a few very rich people. Today, it has become established as an area, which is important and indispensable for the future healthcare system, we are going to build in order to provide better care for the patients and the citizens,” he said.

Research and innovation are important for the development of personalised medicine, Moltzen says, highlighting that new treatments resulting from this are increasing and adding pressure to the health systems.

“There is a need to renew our health system, to renew our reimbursement systems,” he said, pointing to data and sample sharing across borders, which is challenging under the current data protection rules.

The European Commission is expected to present a proposal for an EU’s health data space in the coming weeks, the first legislation aimed at advancing scientific research in telehealth and fostering the development of new digital health services and products.

In a leak of the proposal, the EU executive appears to rely on using

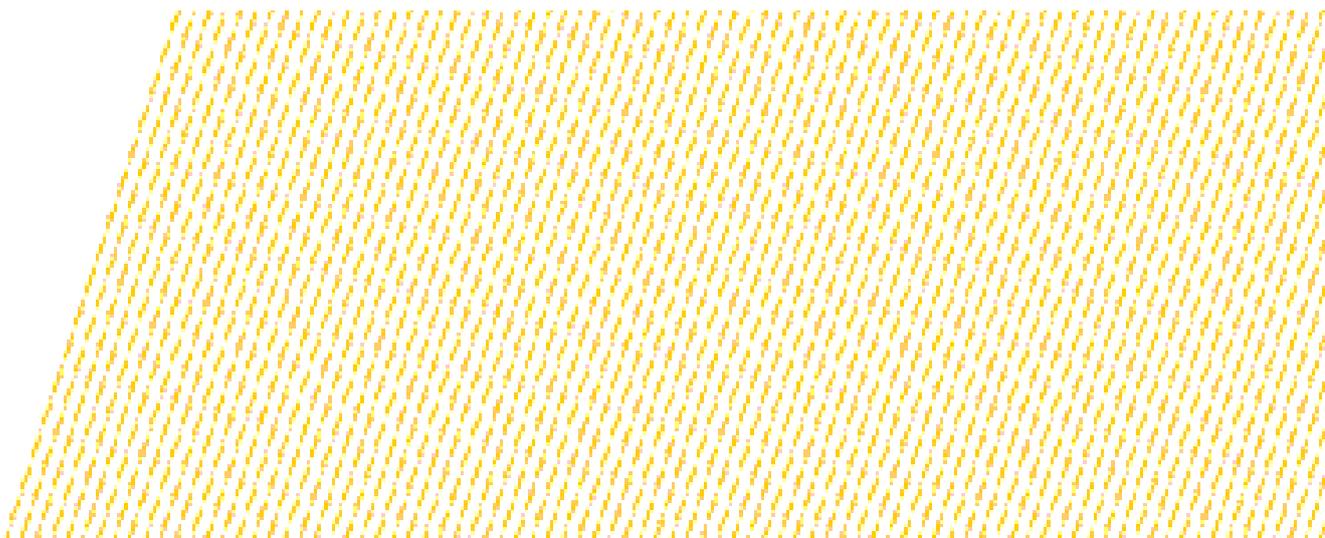
secondary data for better research and better policymaking as it can significantly boost the innovative field of personalised medicines.

Moltzen called on decision-makers to “provide the right legal frameworks in order to make this possible in a way that is also securing the patient’s privacy and ownership of their own data,” he said, adding that the data issue related to personalised medicines needs to be solved at the policy level.

“[Politicians] are more focused on preserving privacy than finding the solutions that make it possible to move this field forward for the benefit of the patients,” he pointed out.

This problem was also highlighted by Gianni D’Errico, international project officer at Toscana Life Sciences Foundation and coordinator for the Regions4PerMed project, [in a previous interview](#).

“Fragmentation of available health data sources, as well as the lack of data access policies that would enhance the research and innovation, are still needed and remain a barrier to the implementation of personalised health,” D’Errico said.





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