ICPerMed
INTERNATIONAL CONSORTIUM

Working Group IV "Personalised medicine in the health system: How to ensure sustainability and an effective collaboration between all health care players as well as with prevention services?"

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GOBIERNO DE ESPAÑA MINISTERIO DE CIENCIA, INNOVACIÓN Y UNIVERSIDADES

Instituto de Salud Carlos III

Workshop Working Group IV

"Personalised medicine in the health system: How to ensure sustainability and an effective collaboration between all health care players as well as with prevention services?"

Leading questions:

1. What institutional design is required to successfully meet the expectations put by the Personalised Medicine paradigm?
2. What needs to be considered at the patient/population level?
3. How to translate scientific knowledge into Patient-Targeted Interventions?

Leading questions:

1. **What institutional design is required to successfully meet the expectations put by the Personalised Medicine paradigm?**

- Interventions should be done at the health care system level.
- This design will require strong multisectorial cooperation: academia, policy makers, health care providers, clinicians, patients, industry…
- It's important to identify local solutions based on examples of success
- To consider legislative changes and PM-oriented changes at the regulatory level.
- To identify how to involve policy-makers.
- The design must include solution to identify preventive interventions at the population level.

Leading questions:

1. **What institutional design is required to successfully meet the expectations put by the Personalised Medicine paradigm?**

- Whatever PM strategy is implemented should come from the patients´needs and must be built from there.
- Data management should follow the FAIR principles from very early stages of the research process.
- Funders must fund independent clinical research driven by the clinical community.
- Funders must promote studies on cost-effectiveness.

Leading questions:

2. What needs to be considered at the patient and population level?

- Specific interventions are needed for promoting studies on patient cohorts and also population studies.
- Patients must be part of the cocreation process with other stakeholders.
- Multidisciplinary teams to define patient and population screening programs (patients fully on board)
- Clinicians must be supported for optimising the reuse of existing clinical data.
- PM is not only about cancer and actions should be developed and implemented on other disease domains.

Leading questions:

2. What needs to be considered at the patient and population level?

- PM policies must be built based on the cooperation of policy makers from the research field with the health care field (Multiministerial cooperation).
- Education interventions on the public should be based on “demonstrating” the added value of PM.
- Studies of cost-efficiency should take into account “indirect costs” on patients lives (sickness leave, cost of home support…).
- There are inter-regional cultural elements that should be considered when planning educational interventions on the community.

Leading questions:

3. How to translate scientific knowledge into Patient-Targeted Interventions?

- Data come from multiple sources, not only genome (multiomic perspective including imaging).
- GDPR regulations may represent a barrier for the reuse of data from existing cohorts.
- Linking with other global initiatives that work on the integration of data.
- National plans (ex: cancer) would be a good tool for implementation.
- Working on standardization initiatives (efforts at global level).
- We need to develop a translational assessment framework (collaboration of ICPerMed with HTA?).