



The role of patients and healthcare providers in translational medicine

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Patients are excited about progress, but getting there needs real change

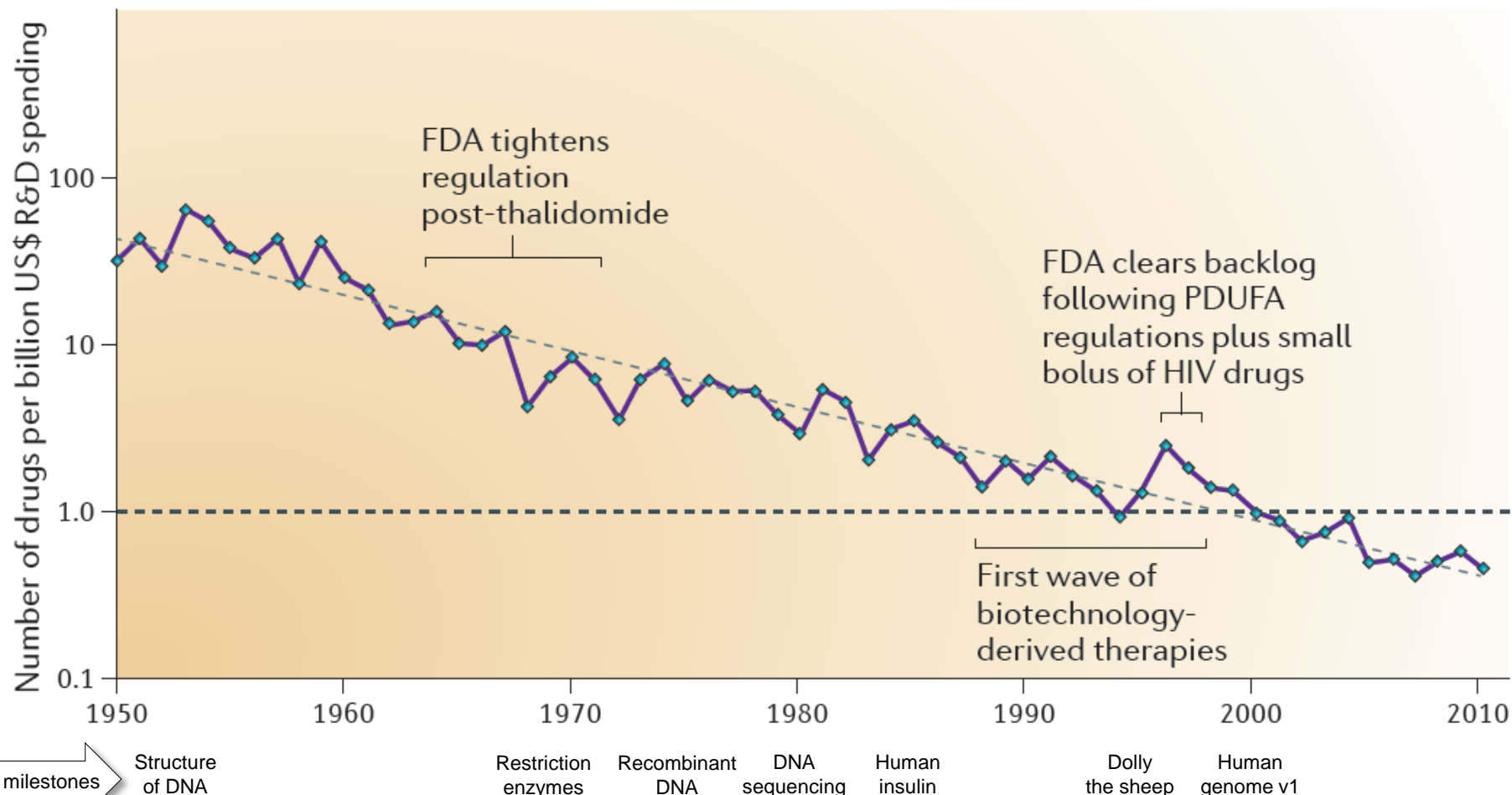


- Molecular targets
- Genome sequencing
- Translational research
- Personalized medicine
- Small trial populations
- Companion diagnostics
- HTA, QoL, endpoints, comparators
- Healthcare budgets vs drug pricing

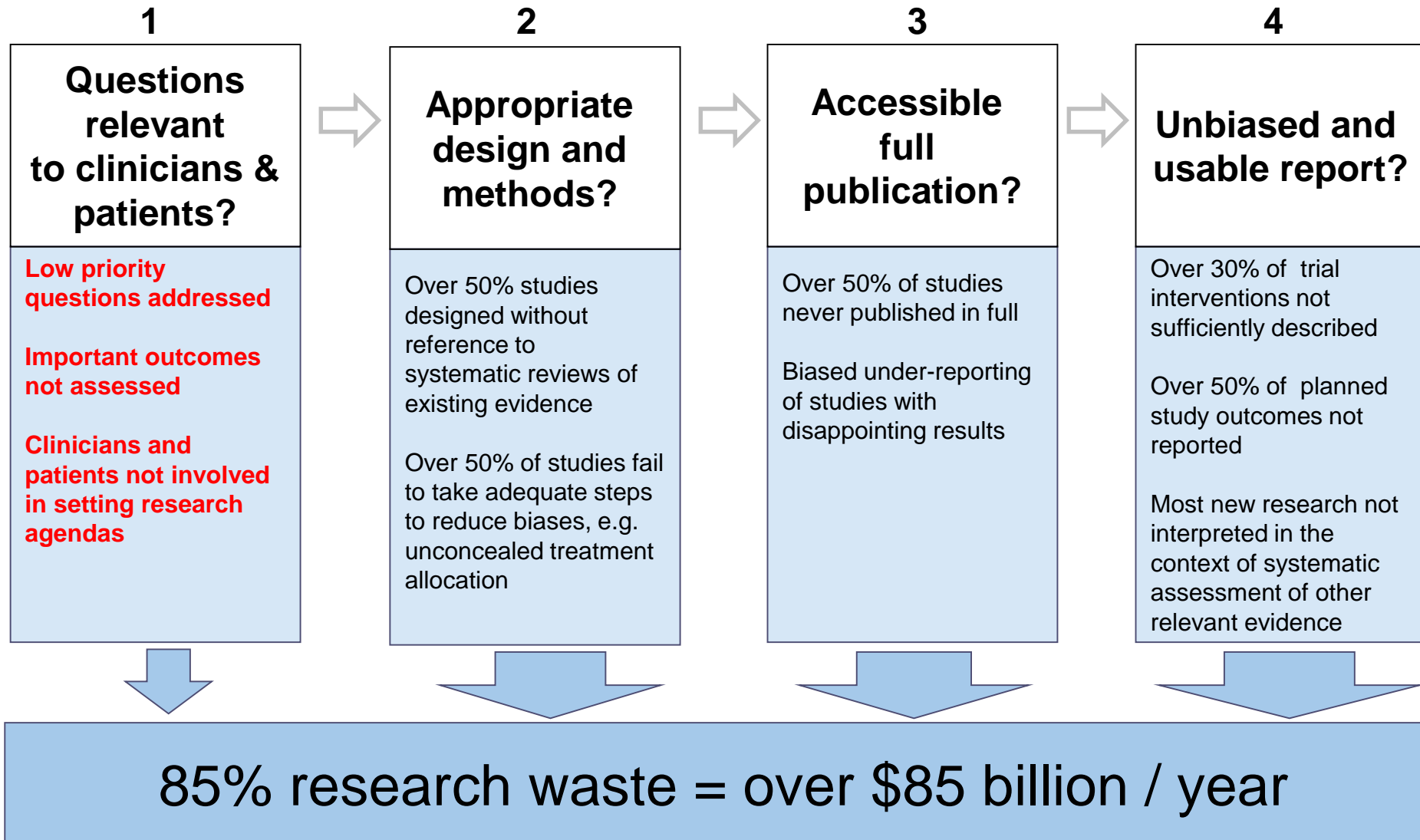
- New trial designs, recruitment strat., licensing schemes, drug/diagnostics
- New collaboration models
- Patient involvement

How to address >200 cancers, >5,200 rare diseases in times of decreasing medical R&D productivity?

Overall trend in R&D efficiency (inflation-adjusted)



“Avoidable waste in the production and reporting of research evidence”



Translational medicine needs multidisciplinary approach of „patients involved“



Public



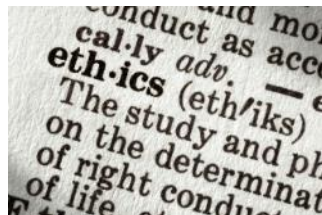
Competent authorities



**Policy makers
/Research Policy**



Patients



**Research Ethics
Committees**

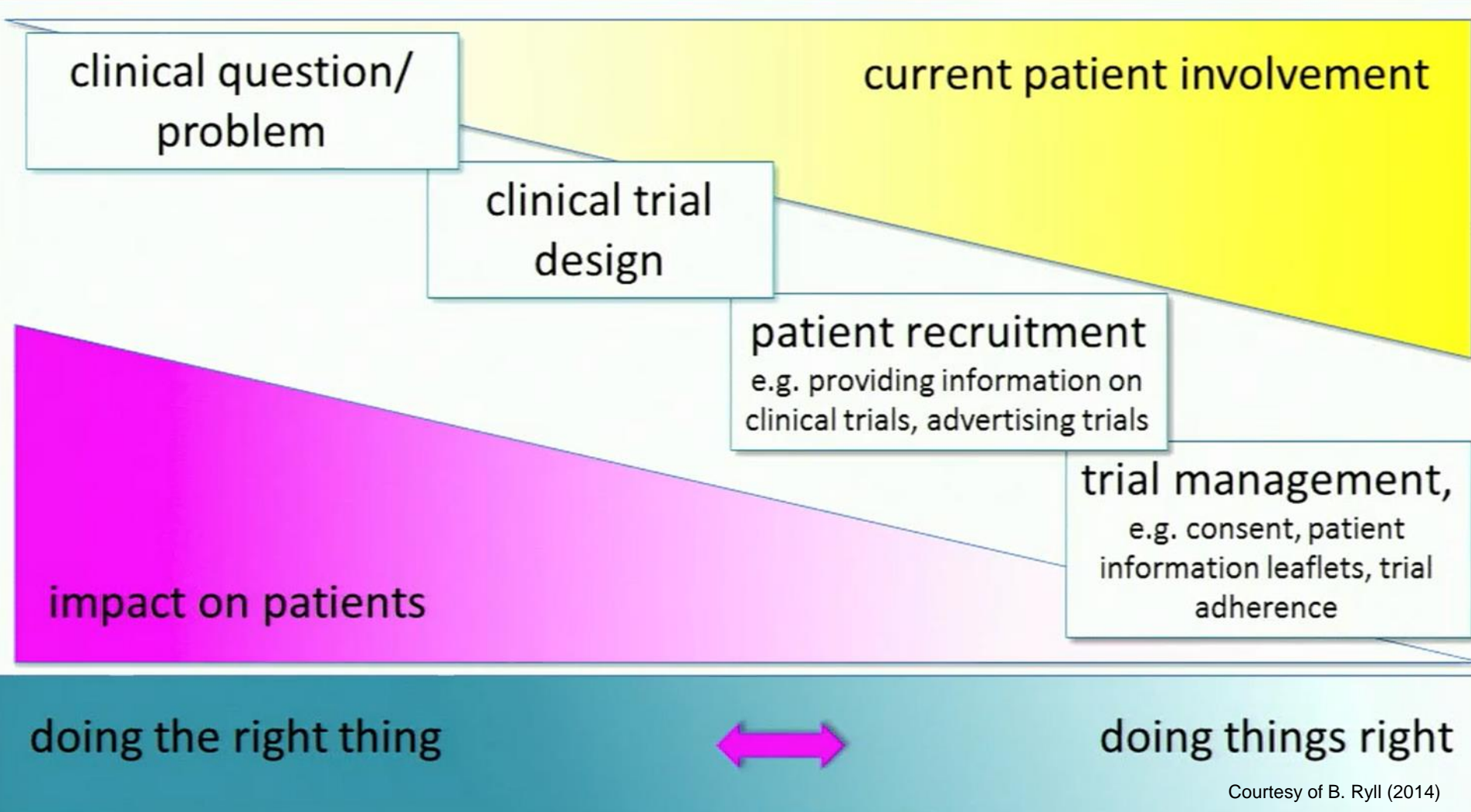


**HTA agencies
& committees**

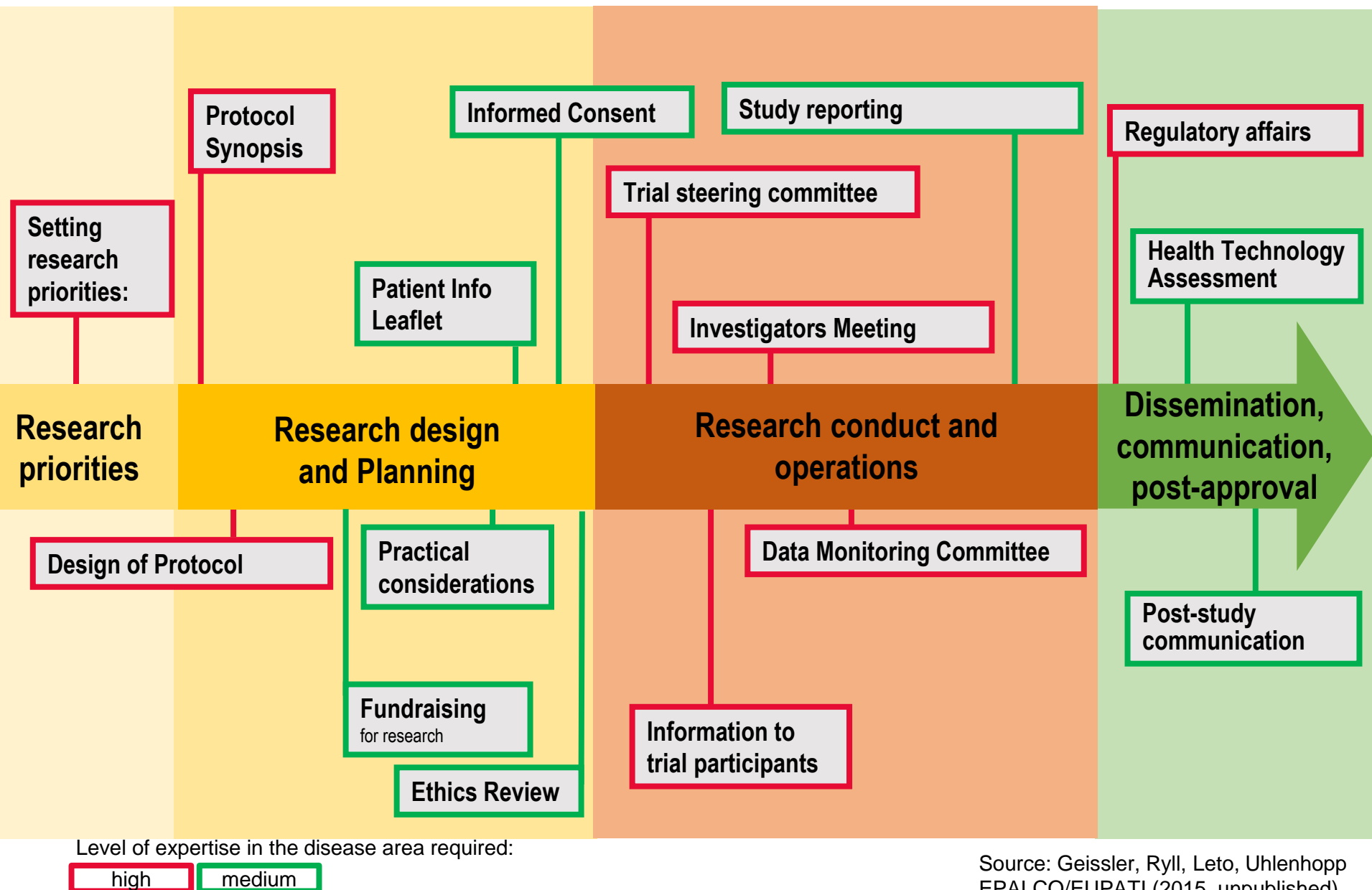


**Clinical
Research**

Early involvement may create highest impact, but involvement today is mostly at late phase



Practical “Roadmap” on patient involvement in R&D





**Collaboration needs
cultural change,
empowered patients,
and education how to put
“involvement” into practice.**

That's why EUPATI is needed.

- **Public Private Partnership** funded by IMI*
- **5-year, patient-led project**, launched 2012
- **Strong multi-stakeholder consortium** of patients' organisations, academia, NGOs and industry – 33 organisations
- **The key pan-European initiative** to build competencies & expert capacity among patients and the health-interested public



The screenshot shows the EUPATI website interface. At the top, there is a header with the EUPATI logo, navigation links (DE | EN | ES | FR | IT | PL), and options for TEXT SIZE, CONTRAST, and ACCESSIBILITY. Below the header is a main navigation bar with links: Home, What is EUPATI?, EUPATI Network, Glossary, Blog, and Patients Involved. A breadcrumb trail indicates the current location: You are here: Home > Articles filed under Personalised Medicine.

The main content area is titled 'Articles listed under: Personalised Medicine'. It features a search bar and a 'Search' button. Below the search bar is a 'Share' section with social media icons for Facebook, Twitter, Google+, and Email.

The 'Search by category' section lists various categories with their respective article counts:

- Advocacy (5)
- Basics of Medicine (14)
- Benefit and Risk Assessment (10)
- Clinical Development and Trials (42)
- Drug Discovery (6)
- Health Technology Assessment (23)
- Non-Clinical Studies (10)
- Personalised Medicine (5)
- Pharmaceutical Development (5)
- Pharmacovigilance (5)

The main article listed is 'Biomarkers' (ARTICLE). The text describes biomarkers as indicators used in medical research to measure biological processes, disease processes, and responses to treatment. It states that the use of biomarkers can improve the process of medicines development and help tailor treatments to individuals.

Below this, there are two more article teasers:

- 'Stratified versus personalised medicine' (ARTICLE): The term 'personalised medicine' includes both stratification and personalisation, which are often incorrectly used as synonyms. However, the two are different, as explained further below.
- 'Stratified and personalised medicines' (ARTICLE): Stratified and personalised medicine involves tailoring treatments towards a specific group of patients or to individuals.
- 'Challenges in personalised medicine' (ARTICLE): Personalised medicine is a developing area that faces procedural and ethical challenges in research and treatment.
- 'New research areas in personalised medicines' (ARTICLE): There are several new research areas driving personalised medicine forward, such as molecular genetics, epigenetics, pharmacogenetics, and the development of biomarkers and biomedicine.



No research about us without us.

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